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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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WALTER HIJONES JR MARKE CHILDERS KINING DONALDSON RICHARD MOVEBBO MAS WOLLD SEST

C. MARSHALL HORSMAN, BL.

INTERA DIEKHALS**

OFCOUNSEL

FUSER MATUREINHORION:

"also admitted in South Carolina. "also admitted in New Jerses"



IONES CHILDERS DONALDSON WEBB attorneys at law

December 22, 2021

VIA FEDERAL EXPRESS OVERNIGHT DELIVERY TO:

Florida Department of State Attn: New Filing Section - Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RE: WHITE SMOKE LLC

Dear Sir or Madam:

You will please find enclosed two copies of the following documents for the above-referenced limited liability company:

- 1. Division of Corporations Cover Letter;
- 2. Articles of Conversion to convert the NC LLC into a Florida LLC, effective 1/1/2022:
- 3. Articles of Organization for Florida LLC; and
- 4. A check in the amount of \$185.00 in in payment of your filing and certification fees.

Please file these documents as requested with an effective date of January 1, 2022, and forward the certified copies and Certificate of Status to our office via e-mail to the undersigned at: LORIBERRY@JCDWLAW.COM. A prepaid return FedEx overnight envelope is also enclosed for your convenience for the return of the original documents.

Thank you for your assistance in this matter. Please do not hesitate to contact our office at (704) 664-1127 with any questions or issues regarding this filing request.

Sincerely,

JONES, CHILDERS, DONALDSON & WEBB, PLLC

Lori L. Berry, Paralegal to Kevin C. Donaldson

/lb

Enclosures

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: WHITE SMOKE LLC	
(Name of Re	esulting Florida Limited Company)
	cles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	ng this matter to:
Kevin C. Donaldson	
(Contact Person)	
Jones, Childers, Donaldson & Webb, PLLC	
(Firm/Company)	
PO Box 3010	
(Address)	
Mooresville, NC 28117	
	
(City, State and Zip Code)	
kevindonaldson@jcdwlaw.com	
E-mail Address: (to be used for future annual r	eport notifications)
For further information concerning this ma	atter, please call:
Lori Berry	at (⁷⁰⁴) 664-1127
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amo dollars and drawn on a bank located in the	ount: (All checks processed by this office must be payable in US e United States)
□ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy □\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

COVER LETTER

Division of Cor					
SUBJECT: WHITE SI	MOKE LLC				
SUBJECT.	(Name of Res	ulting	Florida Limite	d Com	pany)
					fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corres	pondence concerning	, this	matter to:		
Kevin C. Donaldson					
··	(Contact Person)				
Jones, Childers, Donalds	son & Webb, PLLC				
	(Firm/Company)				
PO Box 3010					
	(Address)		·—·		
Mooresville, NC 28117					
(Cit	y, State and Zip Code)				
kevindonaldson@jcdwla	w.com				
E-mail Address: (to be t	used for future annual rep	ort n	otifications)		
For further information	concerning this mat	ter, p	olease call:		
Lori Berry		at (704	664-1	127
(Name of Contact	Person)	((Area Code)	(Dayti	me Telephone Number)
Enclosed is a check for dollars and drawn on a	-	nt: (<i>i</i>	All checks pr		ed by this office must be payable in US
(\$25 for Conversion a	S155.00 Filing Fees and Certificate of Status		180.00 Filing F Certified Copy		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address New Filing Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations] [New F Division The Ce	Address: iling Section on of Corporations entre of Tallahassee 1. Monroe Street, Suite 810

Tallahassee, FL 32303



Articles of Conversion For "Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: WHITE SMOKE LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
12/10/2020 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
WHITE SMOKE LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signature of Authorized Representative of Limite Signature of Authorized Representative: Printed Name: Kevin C. Donaldson Signature(s) on behalf of Other Business Entity: [S	Title: Organizer
Signature of Authorized Representative: Printed Name: Kevin C. Donaldson Signature(s) on behalf of Other Business Entity: [S	Title: Organizer ee below for required signature(s)
Signature(s) on behalf of Other Business Entity: [S	ee below for required signature(s)]
Signature(s) on behalf of Other Business Entity: [S	ee below for required signature(s)]
Signature(s) on behalf of Other Business Entity: [S	
Signatule(3) on benali of Other Business Lines,	
Mariol	`
Signature: AManiflum	
Printed Name: ECBIA LLC, by A. David Glasser	Title: Manager
1. Paris Vant	
Signature: Printed Name: JACE Capital LLC, b. A. David Glasser	Title: Manager
Frinted Name: JACE Capital EEG, by A. David Glasses	True. Manager
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
Timed Warte.	
Signature:	
Printed Name:	Title:
ICT - L. Commenten	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or O	efficer .
If Directors or Officers have not been selected, an Inco	orporator must sign.
If Florida General Partnership or Limited Liability	<u>Partnership:</u>
Signature of one General Partner.	
news they to be the second in and in tend I inhillies	. I imited Portnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Chuten I arther sing.
Signatures of ABE Octional Fathers.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	mited Liability Compa	ny is:	
WHITE SMOKE LLC			
(Mus	st contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")	-
ARTICLE II - Ado	dress:		
The mailing address	s and street address of	the principal office of the Limited Liab	ility Company is
Principal Office A	ddress:	Mailing Address:	
1180 SW 36th Ave.,	Suite 102	7901 4th St N, Ste 4000	
Pompano Beach, FL	····	St. Petersburg, FL 33702	
			
(The Limited Liability Co-		stered Office, & Registered Agent's S n Registered Agent, You must designate an individua	
The name and the F	lorida street address o	f the registered agent are:	•]
	Registered Agents Inc.		,
		Name	
	7901 4th St N, Ste 300		- :
	7301 4til 3t 14, 3te 300	(DO D. NOT	- :
	Florida street address	s (P.O. Box <u>NOT</u> acceptable)	
	Florida street address St. Petersburg	FL 33702	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	ECBIA LLC
	19 TULIP LANE
	RANDOLPH, NJ 07869
MGR	JACE CAPITAL LLC
	321 BARBER LOOP
	MOORESVILLE, NC 28117
MGR	DIXON BRADBURY
	443 LORNA STREET
	CHARLOTTE, NC 28205
(Use attachment if necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	. 10
4.70	niffen
Signature of a member of	an authorized representative of a member

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

A. DAVID GLASSER, MANAGER OF MEMBER ECBIA LLC

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)