L2200000 7524

(Requestor's Name)
(Address)
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16ih 15tara 7i a 10h ang 10
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





600373046196

08/14/21--01011--013 *-187.50

500373046196 11/08/21--01003--002 **47,50

Carling and the Ball

W21-127506



November 5, 2021

DIRK FIEBERG 122 4TH AVE, STE 202 INDIALANTIC, FL 32903

SUBJECT: ARTIC RAYS, LLC. Ref. Number: W21000127506

We have received your document for ARTIC RAYS, LLC. and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please correct the marked sections in the Articles of Conversion. A signature is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 421A00022841

DANIEL L O'KEEFE Regulatory Specialist II

CAST THE STATE OF STATE OF

COVER LETTER

Division of C	ection orporations				
SUBJECT: Arctic Ra	ys LLC.				
5000ECT.	(Name of Res	ulting	Florida Limit	ed Con	npany)
			~		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this	matter to:		
Dirk Fieberg					
	(Contact Person)				
Arctic Rays					
	(Firm/Company)			-	
122 4th Ave., Suite 202	2				
	(Address)			=	
	City, State and Zip Code)				
Indialantic, FL 32903	,				
E-mail Address: (to be	e used for future annual re	port no	tifications)	•	
For further information	on concerning this ma	tter, p	lease call:		
Dirk Fieberg		at (223	、5780	321
(Name of Contact Person)		ar (_	(Area Code)	Day)	time Telephone Number)
	or the following amou a bank located in the			rocess	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status		180.00 Filing Certified Cop		\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				New I Divisi The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Conversion

"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: Arctic Rays LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability company
(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)
February 11, 2015 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: Arctic Rays
(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.

Signed this 8th day of October	20 21
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Dirk Fieberg	Til Cofeed Manager
Printed Name: Dirk Fleberg	Titte; Zeneral Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature:	X
Signature: July Printed Name: DIRK FIEBERG \	Title: beneal Manager
Signature:	,
Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signatura	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In-	corporator must sign.
If Florida General Partnership or Limited Liabili	ts: Partnershin:
Signature of one General Partner.	ty ratticismp.
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
,	
<u>Fees:</u>	
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

ARTICLE I - Name: The name of the Limited Liability Cor	mpany is:	
Arctic Rays, LLC.		
(Must contain the words "Lim	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
122 4th Ave.	122 4th Ave.	
Suite 202	Suite 202	
Indialantic, FL 32903	Indialantic, FL 32903	
Dirk Fieberg	Name	
	Name	
315 Newport Dr		
Florida street add	Florida street address (P.O. Box NOT acceptable)	
Indialantic	FL 32903	
City	y Zip	
liability company at the place desi registered agent and agree to act in t statutes relating to the proper and c	ent and to accept service of process for ignated in this certificate, I hereby acceptis this capacity. I further agree to comply complete performance of my duties, and tion as registered agent as provided for	pt the appointment as with the provisions of all I am familiar with and
155	gan	2721 18
Registered Age	ent's Signature (REQUIRED)	-

(CONTINUED)

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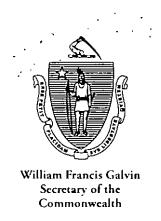
ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	D. 1. 5. 1.
MGR	Dirk Fieberg V
	315 Newport Dr
	Indialantic, FL 32903
MGR	Sara Beth Fieberg
.	315 Newport Dr
	Indialantic, FL 32903
MGR	Adriana Alina Frey
	370 Hammock Shore Dr
	Melbourne Beach, FL 32951
MGR	Charles Lee Frey
	
	370 Hammock Shore Or
(Use attachment if necessary) MG	370 Hammock Shore Dr Melbourne Beach, FL 32951 R Lawrence J. Barne III (see albeet
	Melbourne Beach, FL 32951
(Use attachment if necessary) MG,	Melbourne Beach, FL 32951
	Melbourne Beach, FL 32951
	Melbourne Beach, FL 32951
	Melbourne Beach, FL 32951
LE V: Other provisions, if any.	Melbourne Beach, FL 32951
LE V: Other provisions, if any. REQUIRED SIGNATURE:	Melbourne Beach, FL 32951 R Cawrence J. Borne III (see albech
LE V: Other provisions, if any. REQUIRED SIGNATURE:	Melbourne Beach, FL 32951 R Cawrence J. Borne III (see albech
LE V: Other provisions, if any. REQUIRED SIGNATURE:	Melbourne Beach, FL 32951
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	Melbourne Beach, FL 32951 R Cawrence J. Borne III (see albech
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	Melbourne Beach, FL 32951 R Cawrence J. Barne III (see allech an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware

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)

/	MANAGER	CHARLES LEE FREY	370 HAMMOCK SHORE DR MELBOURNE BEACH, FL 32951 USA
V	MANAGER	SARA BETH FIEBERG	109 ATLANTIC AVE, INDIALANTIC, FL 32903 USA
V	MANAGER	ADRIANA ALINA FREY	370 HAMMOCK SHORE DR MELBOURNE BEACH, FL 32951 USA
V	MANAGER	LAWRENCE J BORNE III	565 32ND CT SW VERO BEACH, FL 32968 USA
V	MANAGER	DIRK FIEBERG	109 ATLANTIC AVE, INDIALANTIC, FL 32903 USA



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

August 25, 2021

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

ARCTIC RAYS, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on February 11, 2015.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

Lalso certify that the names of all managers listed in the most recent filing are: CHARLES LEE FREY, SARA BETH FIEBERG, ADRIANA ALINA FREY, LAWRENCE J BORNE III, DIRK FIEBERG

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: CHARLES LEE FREY, SARA BETH FIEBERG, ADRIANA ALINA FREY, LAWRENCE J BORNE III, DIRK FIEBERG

The names of all persons authorized to act with respect to real property listed in the most recent filing are: SARA FIEBERG, CHARLES LEE FREY, DIRK FIEBERG, ADRIANA ALINA FREY



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travin Galicin