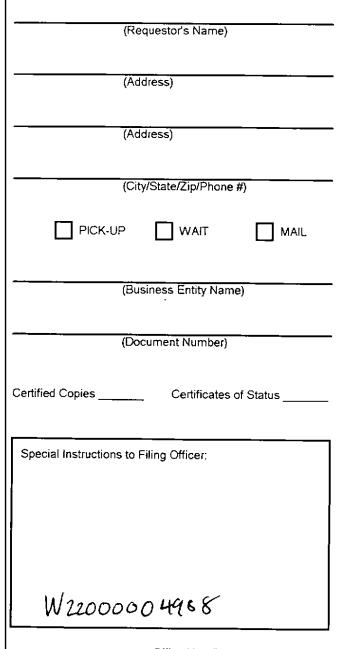
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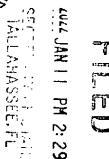


Office Use Only



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COVER LETTER

TO:	New Filing Section Division of Corporations	<i>.</i>		
SUBJ	ECT: PHIXATE GAME	S LLC	-ind Common)	
Busine	closed Articles of Conversion, Articl	ability Compan	ation, and fees are submitted to convert ny" in accordance with s. 605.1045, F.	
_M	ATT BASTIEN (Contact Person) HIX ATE GAMES LLC (Firm/Company)		· 	
1	LEARWATER, FL 3375		_	
4	(City, State and Zip Code) A j bastien a g mail. con all Address: (to be used for future annual rep	n	_	
	ther information concerning this mat ONNA BASTIEN (Name of Contact Person)	_at (3o3		
	ed is a check for the following amous and drawn on a bank located in the I		processed by this office must be paya	ble in US
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles mization) \$155.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified Co		202
	Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	FILED

Articles of Conversion

For

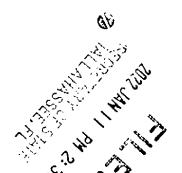
"Other Business Entity"

Into

Florida Limited Liability Company

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

Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
PHIXATE GAMES LLC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Foreign LLC (Enter entity type. Example: corporation limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of <u>Colorado</u> (Enter state, or if a non-U,S. entity, the name of the country)
on July 17, 2017 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
PHIXATE GAMES LLC (Enter Name of Florida Limited Liability Company)
(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 £ 5 th day of him ary	20_22
Signature of Authorized Representative of Limi	
Signature of Authorized Representative:	Title: Ouner
Signature(s) on behalf-of Other Business Entity:	
Signature: Maff Bas from	_Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The mailing address and street address of the principal office of the Limited Liability Company is:

PHIXATE GAMES LLG

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name:

ARTICLE H - Address:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1120 Sedeevast.	1120 Sedeeva St.
1120 Sedeevast. Clearwater, FL 33755	Clearwater, FL 33755
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	registered agent are:
Matt Bastien	
Name	2
1120 Sedeeva St	,
Florida street address (P.O	Box NOT acceptable)
<u>Clearwater</u> City	FL 33755
City	Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept ser <u>vice</u> of process for the above stated limited in this certificate, I hereby accept the appointment as eity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S
Registered Agent's Sign	nature (REQUIRED)
/ _	6 50
(CONTIN	UED)

<u>Fitle:</u> AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
AMOR	Matt Bastien
	1120 Sedeevast.
	Clearwater, FL 37758
•	,
·	
Use attachment if necessary)	
•	
(Use attachment if necessary) LE V: Other provisions, if any.	·
•	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
Signature of a member of any false information submitted in a document is executed in accordance any false information submitted in a document.	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes, I am award cument to the Department of State constitutes a third degree f
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S.	ce with section 605.0203 (1) (b), Florida Statutes, I am aware cument to the Department of State constitutes a third degree f
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S.	ce with section 605.0203 (1) (b), Florida Statutes. I am await

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

ARTICLE IV-