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

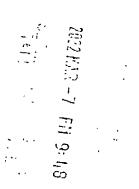
Office Use Only



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COVER LETTER

TO: New Fifing Section Division of Corporations	
SUBJECT: Cannon Strategy, LLC	
(Name o	f Resulting Florida Limited Company)
	articles of Organization, and fees are submitted to convert an "Other d Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence conce	ming this matter to:
Elise Coinern	
(Contact Person)	
Slingshot, LLC	
(Firm/Company)	
320 Gold Ave. SW, Ste. 620	
(Address)	
Albuquerque, NM 87102	
(City, State and Zip Co	ie)
FILINGS@L4SB.COM	
E-mail Address: (to be used for future annu	al report notifications)
For further information concerning this	matter, please call:
Elise	at () 715-5700
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
inclosed is a check for the following ar follars and drawn on a bank located in t	nount: (All checks processed by this office must be payable in US he United States)
S150.00 Filing Fees \$25 for Conversion \$ \$125 for Articles f Organization) \$ \$155.00 Filing Fe and Certificate of Status	and Certified Copy Certified Copy, and Certificate of Status
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

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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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Cannon Strategy, L.L.C.
(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.)
(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)
January, 16, 2007
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:
Cannon Strategy, 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.



Signed th	nis <u>31st</u>	day of <u>January</u>	20_22
<u>Signatur</u>	e of Autho	rized Representative of I	Linnsted Liability Company:
Simon	- C 4 .1 ·	zed Representative:	1/11/1/
Pignature	of Authori	zed Representative:	
Printed N	ame: <u>Kell Ca</u>	nnon [l'itle: Member
Signature	: <u> </u>		v: [See below for required signature(s)]
Printed N.	ange: <u>Kell Ca</u>	nnon	Title: Member
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5 Ignature:			
Printed Na	ame:		Title:
Signatura			
Printed No	me:		Tist
i iinteu Ne			Title:
Signature:		-	
Printed Na	me:		Title:
			Title.
Signature:			77.1
Printed Na	me:		Title:
			
Signature:			
Printed Na	me:		Title:
Signature of the Signat	or Officers	Vice Chairman, Director, have not been selected, an	Incorporator must sign.
If Florida Signature o	General Par f one Gener	<u>rtnership or Limited Liab</u> al Partner.	oility Partnership:
If Florida Signatures o	<u>Limited Par</u> of <u>ALL</u> Gen	tnership or Limited Liah eral Partners.	ility Limited Partnership:
All others: Signature o	f an authoriz	ed person.	
Fees:			
E _{ce} e Cert	cles of Constitute for Floridatified Copy:	Articles of Organization.	\$25.00 : \$125.00 \$30.00 (Optional)

7414 1 C 1,71, 1 =	Name:	
The name of the	he Limited Liability Compan	y is:
Cannon Strateg		100
	(Must contain the words "Limited Li	ability Company, "L.L.C.," or "L1,C,")
ARTICLE II	- Address:	
The mailing ac	ldress and street address of th	e principal office of the Limited Liability Company is
<u>Principal Offi</u>	ice Address:	Mailing Address:
660 3rd Street 5		
000 JIU JUEEL 1		
		660 3rd Street S. Naples, Florida, 34102
Naples, Florida,	- Registered Agent, Registe	Naples, Florida, 34102 ered Office, & Registered Agent's Signature:
ARTICLE III The Limited Liabil business entity with	- Registered Agent, Registe	Pred Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
ARTICLE III The Limited Liabil business entity with	- Registered Agent, Registerity Company cannot serve as its own R h an active Florida registration.)	Pred Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
ARTICLE III The Limited Liabil business entity with	- Registered Agent, Registerity Company cannot serve as its own R h an active Florida registration.) the Florida street address of the Registered Agents Inc.	Pred Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
ARTICLE III The Limited Liabil business entity with	- Registered Agent, Registerity Company cannot serve as its own R h an active Florida registration.) the Florida street address of the Registered Agents Inc.	Pred Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:
ARTICLE III The Limited Liabil business entity with	- Registered Agent, Registerity Company cannot serve as its own R h an active Florida registration.) the Florida street address of the Registered Agents Inc. N 7901 4th St N STE 300	Pred Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:
ARTICLE III The Limited Liabil business entity with	- Registered Agent, Registerity Company cannot serve as its own R h an active Florida registration.) the Florida street address of the Registered Agents Inc. N 7901 4th St N STE 300	Pred Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are: 2.0. Box NOT acceptable)
ARTICLE III The Limited Liabil business entity with	- Registered Agent, Registerity Company cannot serve as its own R h an active Florida registration.) the Florida street address of the Registered Agents Inc. No. 1901 4th St N STE 300 Florida street address (I	Naples, Florida, 34102 Pred Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:

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. Thereby 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)

AR'	ľI	1.	11	. Z _

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	
AMBR	Kell Cannon
	660 3rd Street S.
	Naples, Florida, 34102
	
	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	亞 , 11
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/	·
REQUIRED SIGNATURE: //	
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ell	
1	
Signature of a member or a	an authorized representative of a member
	with section 605.0203 (1) (b). Florida Statutes, I am aware them to the Department of State constitutes a third degree fel
as provided for in s.817.155, F.S.	ient to the Department of State Constitutes a third degree fell
Inc	
Kell Cannon	

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)