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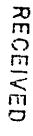
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
. (Basiness Linny Name)
(Document Number)
Certified Copies Certificates of Status
Consideration of Siling Officer
Special Instructions to Filing Officer:

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ORA DIVA E OFFICE VISION OF CORPORATION





FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

05/12/22

NAME: 1DS COLLECTIVE, LLC

TYPE OF FILING: CONVERSION

COST:

150.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

· ·		COVER LETTER	•
TO: New Filing S Division of C			
SUBJECT: 1DS Co	flective LLC		
	(Name of Res	ulting Florida Limited Con	ipany)
		_	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	respondence concerning	g this matter to:	
R. Belous			
	(Contact Person)		
Belous Law Corporation	on		
	(Firm/Company)		
3756 W Avenue 40, S	uite K #471		
	(Address)		
Los Angeles, CA 9006	65		
	City, State and Zip Code)		
Relani@BelousLaw.co	om		
E-mail Address: (to b	oe used for future annual re	port notifications)	
For further informati	ion concerning this ma	tter, please call:	
		at ()	
(Name of Conta	act Person)	_ `	time Telephone Number)
	for the following amound a bank located in the		sed by this office must be payable in US
S150.00 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 Add	maaa.	Ctuna	t Addmona

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

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: 1DS Collective ELC
(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)
07/20/2021 on
on 07/20/2021 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
1DS Collective 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.)
<u>Note:</u> 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 29th	_day of <u>April</u>	20 <u>22</u>	
Signature of Author	ized Representative o		Company:
Signature of Authoriz Printed Name: John Hy	ed Representative:	Stoned by: 2 440 ISOSSACC425 Title: Mana	ager
Signature(s) on behal	f of Other Business En	tity: [See below for	r required signature(s)
Signature:	12 14 D		
Printed Name: John Hy	DucuSigned by.	Title: Mana	ager
Signature:	Sam Parliam		
Printed Name: Samuel	Parham	Title: Mana	ager
Signature:			
Printed Name:		Title:	
Signature:			,
Printed Name:	<u> </u>	Title:	•
Signature:	<u>-</u> -		
Printed Name:		Title:	<u>-</u>
Signature:	<u> </u>		
Printed Name:		Title:	
-	· ·		·
If Florida Corporatio		0.00	
	, Vice Chairman, Direct have not been selected		nt nives
ii Directors of Officers	nave not been selected,	an incorporator mus	st sign.
If Florida General Pa	rtnership or Limited I	iability Partnershi	o:
Signature of one Gener	ral Partner.	- 	
If Florida Limited Pa Signatures of <u>ALL</u> Ge	rtnership or Limited I neral Partners.	iability Limited Pa	rtnership:
All others: Signature of an authori	zed person.		
Fees:			
Articles of Co Fees for Floric Certified Copy Certificate of S	da Articles of Organizar	\$25.00 ion: \$125.00 \$30.00 (Opti	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I -	Name	e :
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The name of the Limited Liability Company is:

1DS Collective LLC

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	
14857 Seminole Trail	14857 Seminole Trail	
Seminole, FL 33776	Seminole, FL 33776	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

John Hyland	
N:	ime
14857 Seminole Trail	
Florida street address (F	P.O. Box NOT acceptable)
Seminole	FL 33776
City	Zip

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..



(CONTINUED)



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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	
MGR	John Hyland
	14857 Seminole Trail
	Seminole, FL 33776
	2
MGR	Samuel Parham
	5525 Canoga Ave 302
	Woodland Hills,CA 91367
(Use attachment if necessary)	
(Ose attachment if necessary)	
LEW-Oderna distance (6.1.)	
LE V: Other provisions, if any.	
-	
REQUIRED SIGNATURE:	OocuSigned by:
	1 72 112 · · · · · · · · · · · · · · · · ·
	F5D015D56ACC425

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 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.

John Hyland

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)