

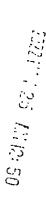
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| (City | /State/Zip/Phone | e #) |
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| (Bus | iness Entity Nar | ne) |
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| Certified Copies | Certificates | s of Status |
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| Special Instructions to F | iling Officer: | |
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05/25/22--01015--019 **150.00







COVER LETTER

| TO: New Filing Section Division of Corporations | | | |
|---|---|---|--------------------|
| SUBJECT: EXCELLENCE DELIVERED LLC | | | |
| (Name of Res | sulting Florida Limited | Company) | |
| The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li | eles of Organization iability Company" i | , and fees are submitted to conver n accordance with s. 605.1045, F | 1 an "Other .S. |
| Please return all correspondence concernin | g this matter to: | | |
| Northwest Registered Agent LLC | | | |
| (Contact Person) | | | |
| (Firm/Company) | | | |
| 7901 4th St N STE 300 | | | |
| (Address) | | | |
| St. Petersburg, FL 33702 | | | |
| (City, State and Zip Code) | | | |
| eastern@northwestregisteredagent.com | | | |
| E-mail Address: (to be used for future annual re | port notifications) | | |
| For further information concerning this ma | tter, please call: | | |
| Filings Team | at (509 <u>) 7</u> | 682249 | |
| (Name of Contact Person) | | Daytime Telephone Number) | |
| Enclosed is a check for the following amou dollars and drawn on a bank located in the | | cessed by this office must be paya | ible in US |
| S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) S155.00 Filing Fees and Certificate of Status | □\$180.00 Filing Fed and Certified Copy | es \$185.00 Filing Fees, Certified Copy, and Certificate of Status | ٠. |
| Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | No Di Th 24 | reet Address: ew Filing Section vision of Corporations le Centre of Tallahassee 15 N. Monroe Street, Suite 810 Hahassee, 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: EXCELLENCE DELIVERED LLC |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a <u>Limited Liability Company</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc. |
| First organized, formed or incorporated under the laws of Illinois (Enter state, or if a non-U.S. entity, the name of the country) |
| on 02/07/2020 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| EXCELLENCE DELIVERED 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 this 23rd day of May | 20 22 |
|---|-------------------------------------|
| Signature of Authorized Representative of Limit | ed Liability Company: |
| Signature of Authorized Representative: | |
| Printed Name: Jawad Chishty | Title: President |
| Timed Name, seems | |
| Signature(s) on behalf of Other Business Entity: | See below for required signature(s) |
| < A | |
| Signature: Prived Name: Jawad Chisniy | 0 1 |
| Printed Name: Jawad Chisniy | Title: President |
| Signature | |
| Signature: Printed Name: | Title |
| | |
| Signature: | |
| Signature: Printed Name: | _ Title: |
| | |
| Signature:Printed Name: | Tida |
| rinted Name: | Title: |
| Signature: | |
| Signature:Printed Name: | Title: |
| | |
| Signature:Printed Name: | Tid. |
| Printed Name: | |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, or | Officer. |
| If Directors or Officers have not been selected, an Inc | corporator must sign. |
| | D |
| If Florida General Partnership or Limited Liability | ty Partnersmp: |
| Signature of one General Partner. | |
| If Florida Limited Partnership or Limited Liabilia | ty Limited Partnership: |
| Signatures of ALL, General Partners. | |
| | |
| 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

| ARTICLE 1 - Name: The name of the Limited Liability Company is: | | |
|--|--|---|
| EXCELLENCE DELIVERED LLC (Must contain the words "Limited Liability | (Company, "L.L.C.," or "LLC.") | |
| | | |
| ARTICLE II - Address: The mailing address and street address of the pri | incipal office of the Limited I. | Liability Company is: |
| Principal Office Address: | Mailing Address: | |
| | 7901 4th St N STE 300 | |
| 7901 4th St N STE 300 St. Petersburg, FL 33702 | St. Petersburg, FL 33702 | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the removed in the Northwest Registered Agent Lieuwene (The Limited Liability Company Com | ered Agent. You must designate an indi egistered agent are: LC | vidual or another |
| Name | | |
| 7901 4th St N STE 300 | | |
| Florida street address (P.O. | Box <u>NOT</u> acceptable) | |
| St. Petersburg | FL ³³⁷⁰² | |
| City | Zip | |
| Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capact statutes relating to the proper and complete p accept the obligations of my position as reg | this certificate, I hereby accepity. I further agree to comply verformance of my duties, and | n the appointment as with the provisions of at I am familiar with and |
| Top Go | | . , |
| Registered Agent's Sign | nature (REQUIRED) | |
| - | | |
| (CONTIN | UED) | |

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) **ARTICLE V**: Other provisions, if any. **REQUIRED SIGNATURE:**

Morgan Jolle

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.

Morgan Noble

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)