# 2200279694

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #	<del>/</del> )
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name	e)
(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Colly SCOTT



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CASLE AND/OR VIDEO
FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED 36



## **COVER LETTER**

TO: New Filing Section Division of Corporations		
Pure Country Hat Company, LL	С	,
SUBJECT: (Name of Re	esulting Florida Limit	ed Company)
The enclosed Articles of Conversion, Articles Business Entity" into a "Florida Limited L	_	on, and fees are submitted to convert an "Othe" in accordance with s. 605.1045, F.S.
Please return all correspondence concernir	ng this matter to:	
Jacob Welcher		
(Contact Person) Pure Country Hat Company, LLC		
(Firm/Company) 1878 East Nine Mile Rd, APT 314		
(Address) Pensacola, FL 32514		
(City, State and Zip Code) purecountryhatco@gmail.com		
E-mail Address: (to be used for future annual r	report notifications)	
For further information concerning this made Jacob Welcher	atter, please call: 405 at (	826-1108
(Name of Contact Person)	\	(Daytime Telephone Number)
Enclosed is a check for the following amo dollars and drawn on a bank located in the		rocessed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$\begin{align*} \$155.00 \text{ Filing Fees} and \text{ Certificate of Status} \\ \begin{align*} \$155.00 \text{ Filing Fees} \\ \text{ Status} \\ \text{ Status} \\ \text{ Organization} \\ \end{align*}	□\$180,00 Filing and Certified Cop.	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314		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.

The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  Pure Country Hat Company, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Domestic 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 Oklahoma (Enter state, or if a non-U.S. entity, the name of the country)
on September 8th, 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:
Pure Country Hat Company, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: June 1st, 2022
(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.
DIVISOR TAXABLE PROPERTY OF TAXABLE PROPERTY O

Signed this 23rd day of May	2020
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: June Printed Name: Jacob Welcher	Le le
Signature of Authorized Representative:	The Course
Printed Name: Jacob Welcher	Title: Owner
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Julie	
Printed Name: Jacob Welcher	Title: Owner
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Timed Name.	
Signature:	
Printed Name:	Title:
C*	
Signature:	77'.1
Printed Name:	little:
Signature:	
Printed Name:	
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	ity Partnarchin
Signature of one General Partner.	ity Particismp.
<i>3</i> ··· · · · · · · · · · · · · · · · · ·	
<u> If Florida Limited Partnership or Limited Liabili</u>	ity Limited Partnership:
Signatures of ALL General Partners.	
All others:	
All others: Signature of an authorized person.	
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)
	The state of the s

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

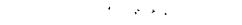
ARTICLE I - Name: The name of the Limited Liability Compar	ny is:	
Pure Country Hat Company, LLC		
	Liability Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limit	ed Liability Company is:
Principal Office Address:	Mailing Address:	
1878 East Nine Mile Rd	1878 East Nine Mile Rd	
APT 314	APT 314	
Pensacola, FL 32514	Pensacola, FL 32514	
business entity with an active Florida registration.)  The name and the Florida street address of  Jacob Welcher	the registered agent are:	
1878 East Nine Mile Rd.	ADT 314	
<del></del>	(P.O. Box NOT acceptable)	
Pensacola	32514 FL	
City	Zip	
Having been named as registered agent of liability company at the place designal registered agent and agree to act in this constatutes relating to the proper and compaccept the obligations of my position of the proper and compact the obligations of the proper and compact	ted in this certificate, I hereby a capacity. I further agree to comp plete performance of my duties, a	ccept the appointment as oly with the provisions of all and I am familiar with and
	s Signature (REQUIRED)  NTINUED)	TALLAHASSEE, FLORI

#### 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	1 NAI-4-5
MGR	Jacob Welcher
	1878 East Nine Mile Rd, APT 314
	Pensacola, FL 32514
AMBR	Jacob Welcher
	1878 East Nine Mile Rd, APT 314
	Pensacola, FL 32514
·	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)  CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	7 . / ) .
CLE V: Other provisions, if any.	Fact Dels
CLE V: Other provisions, if any.	Fact Welson
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a docu	

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)



#### OFFICE OF THE SECRETARY OF STATE



# **CERTIFICATE** OF LIMITED LIABILITY COMPANY

WHEREAS, the Articles of Organization of

## PURE COUNTRY HAT COMPANY, LLC

an Oklahoma limited liability company has been filed in the office of the Secretary of State as provided by the laws of the State of Oklahoma.

NOW THEREFORE, I, the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this certificate evidencing such filing.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.



Filed in the city of Oklahoma City this 8th day of September, 2021.

Secretary of State