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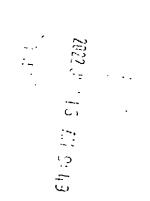
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COVER LETTER

| TO: New Filing Division of | Section Corporations | | | |
|---|---|--|---|----|
| SUBJECT: | | - Itrurd LC | | |
| | (Name of Re | sulting Florida Limited Co | mpany) | |
| | | | nd fees are submitted to convert an "Oth accordance with s. 605.1045, F.S. | er |
| Please return all cor | respondence concernin | g this matter to: | | |
| Low | (Contact Person) | | | |
| NÜR The | Braid Line (Firm/Company) | | | |
| | | | | |
| _ 2516 Circ | Arry Contrat To (Address) | Km1 14 | | |
| | NULL FL 318 | 5 ⁴ 1 | | |
| | City. State and Zip Code) | | | |
| | <u>and Q. Yiiwit Com</u> | | | |
| E-mail Address: (to | be used for future annual re | port notifications) | | |
| For further informat | ion concerning this ma | tter, please call: | | |
| I all line J | repla | 1401 14 | US-7878 | |
| (Name of Cont | act Person) | (Area Code) (Day | vtime Telephone Number) | |
| | for the following amount a bank located in the | | sed by this office must be payable in US | ı |
| S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | □\$155.00 Filing Fees and Certificate of Status | □S180.00 Filing Fees and Certified Copy | ☐S185.00 Filing Fees, Certified Copy, and Certificate of Status | |
| Mailing Add | | | t Address: | |
| New Filing S Division of C | | | Filing Section ion of Corporations | |
| P.O. Box 632 | - | | Centre of Tallahassee | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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: |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a COCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOC |
| First organized, formed or incorporated under the laws of |
| on (12/10/2012) (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: 100 11 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. |

| Signed this 11 day of | 20 <u></u> |
|--|-------------------------|
| Signature of Authorized Representative of Lim | |
| | 71 1 |
| Signature of Authorized Representative: | |
| Signature of Authorized Representative: | |
| Signature(s) on behalf of Other Business Entity: | |
| ingliarure(s) on benan or other business parev. |) |
| Signature: Printed Name: Lyding Lyding | <u> </u> |
| Printed Name: Liveling Login - | Title: LAANADE! |
| Signatura | |
| Signature: Printed Name: | Title: |
| Timed Name. | |
| Signature: | |
| Signature:Printed Name: | Title: |
| | |
| Signature: Printed Name: | Title |
| Printed (Name: | filte. |
| Signature: | |
| Printed Name: | Title: |
| | |
| Signature:Printed Name: | 71'-1 |
| Printed Name: | |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, or | Officer. |
| If Directors or Officers have not been selected, an In | |
| | |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: |
| Signature of one General Farmer. | |
| <u>If Florida Limited Partnership or Limited Liabili</u> | 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 I - Name: The name of the Limited Liability Company is: | |
|--|--|
| Kiven The Braigh 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 Lim | ited Liability Company is: |
| Principal Office Address: Mailing Address: | |
| 1817 Edge wat 1817 Edge wat or product 82564 CH 2010 1810 1810 1810 1810 1810 1810 1810 | 8 DI \$ 1619 207 |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent. You must designate business entity with an active Florida registration.) | Agent's Signature: an individual or another |
| The name and the Florida street address of the registered agent are: | |
| Welling Death | |
| Name | |
| 1317 Edgewatter DI #1519 | |
| Florida street address (P.O. Box NOT acceptable) | |
| Cylondo FL 37904 City Zip | |
| City Zip | |
| Having been named as registered agent and to accept service of proces liability company at the place designated in this certificate. I hereby registered agent and agree to act in this capacity. I further agree to constatutes relating to the proper and complete performance of my duties, accept the obligations of my position as registered agent as provided Registered Agent's Signature (REQUIRED) | accept the appointment as aply with the provisions of a and I am familiar with and |
| (CONTINUED) | |

| <u>Title:</u> | Name and Address: |
|--|---------------------------|
| "AMBR" = Authorized Member | |
| "MGR" = Manager √√(^\frac{\sqrt{1}}{\sqrt{2}} | Longling 1 Smill |
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| (Use attachment if necessary) | |
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| ICLE V: Other provisions, if any. | |
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| | .2 |
| REQUIRED SIGNATURE: | 1/1/2- |
| | |
| | // / ! |

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)

as provided for in s.817.155. F.S.