

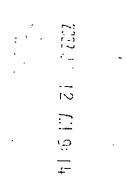
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Special Instructions to Filing Officer:

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#### COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Traditional Acros	esulting Florida Limi	ted Company)	
The enclosed Articles of Conversion, Arti- Business Entity" into a "Florida Limited I			
Please return all correspondence concerni	ng this matter to:		
Processing			
(Contact Person)	=+ =+= ·	_	
MyCorporation Business Services, Inc.			
(Firm/Company)		-	
26025 Mureau Road Suite 120			
(Address)		-	
Calabasas, CA 91302			
(City, State and Zip Code)		-	
E-mail Address: (to be used for future annual)	report notifications)	-	
For further information concerning this m	atter inlease calls		
Processing	•	、692-6772	
(Name of Contact Person)	at (877	(Daytime Telephone Number)	
Enclosed is a check for the following amo dollars and drawn on a bank located in the	ount: (All checks p	•	e in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Cop		
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	

INHS11 (7/17)

# 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:  Traditional Arms LLC
(Enter Name of Other Business Entity)
Limited Liability Company  2. The "Other Business Entity" is a
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S, entity, the name of the country)
02/03/2021 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:  Traditional Arms 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.
<ol> <li>The "Conversed 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.</li> </ol>

Signed this 6 day of Tuly	20 .Z.Z				
, ,					
Signature of Authorized Representative of Lim	ited Liability Company	<u>::</u>			
Signature of Authorized Representative: Printed Name: David Auerbach	Title: Member	-			
Signature(s) on behalf of Other Business Entity:		signature(s)			
Signature: Jans Hushal Printed Name: David Auerbach					
Printed Name: David Auerbach	Title: Member				
Signature:Printed Name:					
Signature: Printed Name:	Title:				
Signature: Printed Name:					
Printed Name:	Title:				
Signature: Printed Name:	Title:				
Signature:Printed Name:					
Printed Name:	Title:				
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer				
If Directors or Officers have not been selected, an Inc					
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:				
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:				
All others: Signature of an authorized person.					
<u>Fees:</u>			•		÷
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		: : : .	277	
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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	itional Arms LLC	and LCD
(Mus) contain the words. Lin	nited Liability Company, "L.L.C.," o	
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the	he Limited Liability Company is:
Principal Office Address:	Mailing Address	<u>ss:</u>
7730 Kenway Place E	7730 Kenway Pia	ace E
Boca Raton, FL 33433	Boca Raton, FL 3	<del></del>
	<u> </u>	
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street addres	s own Registered Agent You must d )	lesignate an individual or another
David Auerbach	Name	
	Name	
7730 Kenway Place		
Florida street add	ress (P.O. Box <u>NOT</u> accept	table)
Boca Raton	FL 33433	
City	Zip	·
Having been named as registered againability company at the place desiregistered agent and agree to act in the statutes relating to the proper and concept the obligations of my position.  Registered Agents	gnated in this certificate. Th his capacity. I further agree omplete performance of my	vereby accept the appointment as to comply with the provisions of all duties, and I am familiar with and covided for in Chapter 605, F.S
incerous de la companya de la compan	m o menume (movie men	· /
((	CONTINUED)	
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### ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	David Auerbach
	7730 Kenway Place E
	Boca Raton, FL 33433
(Use attachment if necessary)	
(Use attachment if necessary)  CLE V: Other provisions, if any.	
•	Market
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	an authorized representative of a member e with section 605,0203 (1) (b). Florida Statutes, I am aware to the Department of State constitutes a third degree fel
REQUIRED SIGNATURE:  Signature of a number or This document is executed in accordance any false information submitted in a document as provided for in s.817.155. F.S.	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, I am aware t
REQUIRED SIGNATURE:  Signature of a number or This document is executed in accordance any false information submitted in a document as provided for in s.817.155. F.S.  David Auerbach, Member	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, I am aware to the Department of State constitutes a third degree fel
REQUIRED SIGNATURE:  Signature of a number or This document is executed in accordance any false information submitted in a document as provided for in s.817.155. F.S.  David Auerbach, Member	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, I am aware t