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| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Business Emily Hame) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: New Filing Section | | | | |
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| Division of Corporations | | - 1 | 1 0 | |
| SUBJECT: 100 | line | rae (| <u> </u> | _ |
| (Name of Re | sulting Florida Limited | Company) | | |
| The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L | ~ | | | |
| Please return all correspondence concerning | g this matter to: | | | |
| Trae Smit | <u> </u> | | | |
| (Contact Person) Tool Time Tae (Firm/Company) | LLC | | | ~ |
| 5631 NW 70 (Address) | in St | | | 1022 JUL |
| Chief land Fl (City, State and Zip Code) | 32626 |) | | 0 ED 2 7 PH |
| tooltmetrae G E-mail Address: (to be used for future annual re | | (cm) | | 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 |
| For further information concerning this ma | itter, please call: | | | · |
| Trae Smith (Name of Contact Person) | at (<u>352)</u> | 507 - (Daytime Telepho | | _ |
| Enclosed is a check for the following amor dollars and drawn on a bank located in the | | ocessed by this | office must b | pe payable in US |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\square{1}\$\$ \$155.00 Filing Fees and Certificate of Status | □\$180.00 Filing Fe and Certified Copy | ees S185.00 Certified C Certificate | | |
| Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 | N D | treet Address: ew Filing Sectivision of Corp he Centre of Ta | ion porations | |

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 Corporation. limited partnership, general partnership, common law or business trust, etc. |
| First organized, formed or incorporated under the laws of |
| on 6-22-22 (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: 7-27-22 (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. |
| 2022 J UI |

| Signed this 27 day of Suby | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------|----------------------|-----------|
| > | | | | |
| Signature of Authorized Representative of Limi | ted Liability Company: | | | |
| Signature of Authorized Representative: Trace Smith | dmith _ Title: Active mem | ber | | |
| Signature(s) on behalf of Other Business Entity: [| | | | |
| Signature Lyrse Smith | | | | |
| Signature: Juse Smith Printed Name: Trace Smith | Title: Active Mymtes | _ | | |
| | | | | |
| Signature: Printed Name: | _ Title: | - - | | |
| Signature: | | _ | | |
| Signature: Printed Name: | Title: | _ | | |
| Signature: | | _ | | |
| Signature: Printed Name: | _ Title: | - | | |
| Signature:Printed Name: | | _ | | |
| Printed Name: | Title: | _ | | |
| Signature: | | _ | | |
| Signature:Printed Name: | Title: | - | | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc. | | | | |
| If Florida General Partnership or Limited Liability Signature of one General Partner. | ty Partnership: | | | |
| If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners. | ty Limited Partnership: | | 2022 | |
| All others: Signature of an authorized person. | | · · · · · · · · · · · · · · · · · · · | 2022 JUL 27 PH 4: 45 | ; |
| Fees: | | | PH | 0 |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) | | ի։ Ք5 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| The name of the Limited Liability Company is: | |
| (Must contain the words "Limited Liability Company, "L.L.C.," or "LI.C.") | |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Compa | my |
| Principal Office Address: 5631 NW 70 ⁴ S4 Chieflond FL 32626 Mailing Address: P.O. Box 2451 Chieflond FL 32641 | 4 |
| 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: Trae Smith Name 5631 NW 70th St Florida street address (P.O. Box NOT acceptable) | |
| Florida street address (P.O. Box NOT acceptable) Chief and FL 32626 City Zip | |

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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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| Title: "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
|---------------------------------------------------|-------------------------------------------------------------|
| MGR | Wallace C Smith Sr 5631 NW 704854 Chiefland FL 32626 |
| M6R | Christine M Sofrance S 5631 Nw 70th St Chiefland FL 32626 |
| (Use attachment if necessary) | |
| CLE V: Other provisions, if any. | 2 JUL 27 |
| REQUIRED SIGNATURE: | January San |

Trae Smith
Typed or printed name of signee

Filing Fees

S125 00 Filing Fee for Articles of Organization and Designation of Registered Agent