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| Special Instructions to | Filing Officer | |
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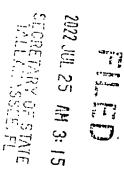
Office Use Only



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July 25, 2022

DINISHA GASKIN *COPY* 110 FRONT STREET STE 300 JUPITER, FL 33477

SUBJECT: IGNITOR LABS LLC Ref. Number: W22000074736

We have received your document for IGNITOR LABS LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Karen Lovelace Regulatory Specialist II

Letter Number: 722A00012657

SECRETARY CF STALL/HASSEE, FL

www.sunbiz.org



June 9, 2022

C T CORPORATION 1200 S PINE ISLAND RD PLANTATION, FL 33324

SUBJECT: IGNITOR LABS LLC Ref. Number: W22000074736

We have received your document for IGNITOR LABS LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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If you have any questions concerning the filing of your document, please call (850) 245-6052.

Karen Lovelace Regulatory Specialist II

Letter Number: 722A00012657

COVER LETTER

| TO: New Filing Se Division of Co | | | | |
|--|---|-------------------------------------|--|--|
| SUBJECT: | I anitor 1 | ulting Florida Limi | ted Company) | |
| The enclosed Articles Business Entity" into | of Conversion, Articl a "Florida Limited Lia | es of Organizati ability Company | on, and fees are | submitted to convert an "Othe with s. 605.1045, F.S. |
| Please return all corre | spondence concerning | g this matter to: | | |
| Dinish | (Contact Person) | | _ | |
| | (Firm/Company) | | - | |
| 110 From | + Street Salte (Address) | 2,360 | • | |
| - Jupiter | FL 33477 Tity, State and Zip Code) | | _ | |
| | 1 R. Wai-Ilc. C | ara | | |
| E-mail Address: (to b | e used for future annual rep | port notifications) | - | |
| For further information | on concerning this mat | ter, please call: | | |
| Dinishae (Name of Contra | Graskin | 81 (<u>312</u> (Area Code) |) 967-27 (Daytime Telepl | 30 none Number) |
| | or the following amous a bank located in the l | | processed by this | s office must be payable in US |
| S150.00 Filling Fees (\$25 for Conversion & \$125 for Articles of Organization) | S155.00 Filing Foos and Certificate of Status | S180.00 Filing and Certified Cop | y Cenified | O Filing Fees, Copy, and e of Status |
| Mailing Adds New Filing Se Division of Co P.O. Box 632 Tallahassee, F | ection proporations 7 | | Street Address New Filing Sec Division of Con The Centre of 1 2415 N. Monro Tallahassec, FL | tion porations fallahassee e Street, Suite 810 |

INHS11 (7/17)

2022 JUL 25 AH 3: 16
SECRETARY COSTATE
TALLARY SSSEE FILE

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: |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a |
| First organized, formed or incorporated under the laws of |
| on 3/14/2009 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| Igniter Laus (Enter Name of Florida Limited Liability Company) |
| (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.

| support this 19 day of APRIL | 20 22 |
|--|--------------------------------|
| • | |
| Steneture of Authorized Representative of Limit | - 010 |
| Sugnature of Authorized Representative & Tolking | MINGHY |
| Signature of Authorized Representative & Commercial Number Robovit Walking Tra | Title |
| Signomizated on behalf of Other Business Engire ! | See below for required eignatu |
| Printed Name ROBLET & WATERS JA | |
| Prince Name \ ROBIRT & WAITERS JA | Title X MEMSEL |
| Signature | |
| Promas Name | Title |
| | |
| Summer Printed Name | Title |
| Sementary | |
| Princed Neme: | Inte. |
| Superture Printed Name: | |
| | |
| Signature: Printed Name: | Tele |
| Printed Name: | _ + 100 |
| N Portes Corporados: Signature of Casirman, Vice Chairman, Director, or | Orfice: |
| If Directors or Officers have not been selected, an in | corporator must sign |
| H Pocida Coneral Partnership or Limited Linbiti | ry Parinershio: |
| Signature of one General Partner | |
| If Foreida Limited Partnership or Limited Liabilit Signatures of ALL General Partners. | ry Limited Partnershin: |
| All sthers: Signature of an authorized person. | |
| Essa: | |
| Anicles of Convention | \$25.00 |
| Fees for Florida Articles of Organization Certified Copy: | \$125.00 \$30.00 (Optional) |
| Conflore of Status: | S5.00 (Optional) |

FILED 2022 JUL 25 AH 3: 16 SECKETARY OF STATE TALL/ARSSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Musi contain the words "Marriad L | ability Company, "L.L.C.," or "LL.C.,") |
|--|--|
| | diagonal dia |
| ARTICLE II - Address: The mailing address and street address of the | ne principal office of the Limited Liability Company is: |
| Principal Office Address: | Malling Address: |
| 110 C. 12 C. 12 C. 127 | Do Gov. #33 |
| Tupiter, FL 37477 | Po Box 537 Naperville The Gosse - 0537 |
| ARTICLE III - Registered Agent, Regist | ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another |
| ARTICLE III - Registered Agent, Regist (The Limited Limbility Company cannot serve as its own I | ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another |
| ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own I business entity with an active Florida (egistration.) The name and the Florida street address of the company cannot be served. | ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are: |
| ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own I business entity with an active Florida (egistration.) The name and the Florida street address of the company cannot be served. | ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another |
| ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own to business entity with an active Florida registration.) The name and the Florida street address of the Control of the Co | ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are: |
| ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own to business entity with an active Florida street address of the name and the Florida street address (Florida street address (| ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are: Por ation Jame Toland Rd. |

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Kimberly Bowens, Asst. Secretary (CONTINUED)

1022 JUL 25 AH 3: 16

| "AMBR" = Authorized Member | Name and Address: |
|---|---|
| "MGR" = ManagerAMRC | Rehert Wilters Jr. 17139 SE Limerick (t. Jupter, F1 33464 |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| (Use attachment if necessary) CLE V: Other provisions, if any. | |
| • | |
| • | |
| REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance of any false information submitted in a document as provided for in a.817.155. F.S. | in authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware the ment to the Department of State constitutes a third degree felo |
| REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance of any false information submitted in a document as provided for in s. \$17,155, F.S. | in authorized representative of a member with section 605.0203 (1) (b). Florida Surutes. I am aware the ment to the Department of State constitutes a third degree followers. |

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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

ARTICLE IV-

DO22 JUL 25 AM 3: 16

File Number

0309645-9



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

IGNITOR LABS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 19, 2009, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 4TH

day of MARCH A.D. 2022

Authentication #: 2206303012 verifiable until 03/04/2023 Authenticate at: http://www.ilsos.gov

SECRETARY OF STATE

22 JUI 25 AM 3-1