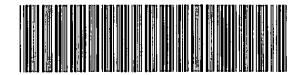
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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE



COVER LETTER

TO: New Filing S Division of C					
	•	м атн	LETE LLC	;	
SUBJECT:	(Name of Res	ulting F	lorida Limi	ited Con	nipany)
Business Entity" into	a "Florida Limited Li	ability	Compan	ion, an y" in a	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	gunsi	natter to.		
Jason Christopher Swi	eet .				
	(Contact Person)			_	
SOCOM Athlete LLC					
<u> </u>	(Firm/Company)			_	
1965 Noleka Court					
	(Address)			_	
Navarre, FL 32566					
	City, State and Zip Code)			_	
socomathlete@gmail.c	com				
E-mail Address: (to b	e used for future annual re-	port not	ifications)	_	
For further informati	on concerning this ma	tter, pl	ease call:		
Jason Christopher Sw	-	at (850)	974-4590
(Name of Conta	nct Person)		(Area Code	(Day	ytime Telephone Number)
	or the following amou			proces	ssed by this office must be payable in US
(\$25 for Conversion	□\$155.00 Filing Fees and Certificate of		80.00 Filing Certified Co		■\$185.00 Filing Fees, Certified Copy, and —Certificate of Status
& \$125-for-Articles of Organization)	Status				and Miller His Parker
Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee;	ection Corporations 27			New Divis The C	Filing Section sion of Corporations Centre of Tallahassee SN-Monroe Street; Suite 8107 56 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

INHS11 (7/17)

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	n 181
SOCOM Athlete, LLC (Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business	rust, etc.)
First organized, formed or incorporated under the laws of	 rv)
December 12, 2016	.33
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organi SOCOM Athlete, LLC	ation:
(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 day 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 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 am	ount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

DIZZAUG Z AM 6: 17

Signed this 28 day of July	20 <u>22</u>
Signature of Authorized Representative	of Limited Liability Company:
Signature of Authorized Representative: Printed Name: Jason Sweet	Title: Owner/Chief Executive Officer
	Intity: See below for required signature(s)
Signature: Sureet	
Printed Name: Jason Sweet	Title: Owner/Chief Executive Officer
Signature:	Title:
Printed Name:	Title:
Signature:	Title:
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Dire If Directors or Officers have not been selected	
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:
If Florida Limited Partnership or Limited Signatures of <u>ALL</u> General Partners.	Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: 2022 AUG T2 AM 6: 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

the state of the

ARTICLE 1 - Name:		
The name of the Limited Liability Compar	ny is:	
SOCOM Athlete, LLC		
(Must contain the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limi	ted Liability Company is:
Principal Office Address:	Mailing Address:	
1965 Noleka Court	Box 5246	
Navarre FL, 32566	Navarre, FL 32566	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	stered Office, & Registered A Registered Agent. You must designate a	gent's Signature: an individual or another
The name and the Florida street address of	f the registered agent are:	
Jason Christopher Swee	et	
	Name	
1965 Noleka Court		
	(P.O. Box NOT acceptable)	
Navarre	FL ³²⁵⁶⁶	
City	Zip	
	ated in this certificate, I hereby of capacity. I further agree to com- plete performance of my duties.	accept the appointment as apply with the provisions of all and I am familiar with and

ARTICLE IV-

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

<u>Title:</u>	
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR & AMBR	Jason Sweet
	1965 Noleka Court
	Navarre, FL 32566
	
A	
	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	west
	west
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 award ament to the Department of State constitutes a third degree f
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605,0203 (1) (b), Florida Statutes. I am aware
Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155. F.S. Jason Christopher Sweet	e with section 605.0203 (1) (b), Florida Statutes, I am aware ament to the Department of State constitutes a third degree f
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