# L22000364826

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	<del></del>
	(only out of the control of the cont	
PICK-UI	P WAIT [	MAIL
	(Business Entity Name)	
	(Dusiness Entity Name)	
	(Document Number)	
Certified Copies	Certificates of SI	tatus
Special Instruction	s to Filing Officer:	
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Office Use Only



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SECRETARY DIVISION OF CO



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	08/19/2022	
	Jennifer Bialowas	<del></del>
	e #:1737830	
Entity Nar	me:BRISK	OPERATIONS LLC
☐ Art	icles of Incorporation/Authoriza	ition to Transact Business
Am	nendment	
Ch.	ange of Agent	
☐ Re	instatement	
<b>√</b> Co	nversion	
☐ Me	rger	
☐ Dis	solution/Withdrawal	
☐ Fic	titious Name	
<b>√</b> Oth	nerUpon filing	please provide a certified copy
Authorize	d Amount: <b>180.00</b>	22 AUG 19
Signature	100111	19 PM

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	08/19/2022	
	Jennifer Bialowas	<del></del>
Reference	#:1737830	
		OPERATIONS LLC
	cles of Incorporation/Authorizat	ion to Transact Business
☐ Cha	ange of Agent	
☐ Rei	nstatement	
✓ Cor	nversion	
☐ Mer	ger	
☐ Disa	solution/Withdrawal	
☐ Fict	itious Name	
✓ Oth	erUpon filing	please provide a certified copy
Authorized	! Amount:∕ 180.00	~~~~~ <i></i>

Signature:

F: 800.944.6607

P: +852.2682.9633

F: +852.2682.9790

# **COVER LETTER**

TO: New Filing Son Division of C				
SUBJECT:	BRISK	OPERATIONS, LLC		
30B3ECT	(Name of Resi	ulting Florida Limited Cor	прапу)	
			nd fees are submitted to convectordance with s. 605.1045.	
Please return all corr	espondence concerning	g this matter to:		
	(Contact Person)			
<del></del>	(Firm/Company)			
	(Address)			
(	City, State and Zip Code)	<u>.</u>		
E-mail Address: (to l	be used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
(Name of Cont	act Person)	_at ()(Da	ytime Telephone Number)	
	for the following amount a bank located in the		ssed by this office must be pa	yable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Add New Filing S Division of C P.O. Box 632	Section Corporations	New Divis	et Address: Filing Section sion of Corporations Centre of Tallahassee	22 AUG I

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 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 page BRISK OPERATIONS, LLC	
(Enter Name of Other Business	Entity)
2. The "Other Business Entity" is a	limited liability corporation ership, general partnership, common law or business trust, etc.)
(Enter entity type. Example: corporation, limited partn	ership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of _	Washington
(En	ter state, or if a non-U.S. entity, the name of the country)
on March 17, 2014	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as BRISK OPERATIONS, LLC	<del>-1</del> '
(Enter Name of Florida Limited Liability	Company)
4. If not effective on the date of filing, enter the effective of	date:
(The effective date: Cannot be prior to date of receipt of the date this document is filed by the Florida Department Note: If the date inserted in this block does not meet the applicable standocument's effective date on the Department of State's records.	r filed date nor more than 90 calendar days after ent of State.)
5. The plan of conversion has been approved in accordance	e 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	5 <u>16th</u>	_ day of	August	20	22	
<u>Signature</u>	of Author	ized Represe	entative of Lin	nit <u>ed Lial</u>	bility Cor	npany:
Signature of Printed Na	of Authoriz me:	zed Represent Brett C	ative:	ett Con Title:	<u></u>	President/CEO
Signature	(s) on beha	lf of Other B	usiness Entity:	[See belo	ow for rec	quired signature(s)]
C:	Dut	- Carlo				
Printed Na	me:	Brett C	ole	Title:		President/CEO
Signature:						
Printed Na	me:			Title:		
Signature:			_			
Printed Na	me:			Title:		
Signature:						
Printed Na	me:	<del></del>		Title:		
Signature:						
Printed Na	ime:			Title:		
Signature:						
Printed Na	ime:			Title:		
Signature		n, Vice Chain	nan, Director. on selected, an			gn.
		artnership or eral Partner.	Limited Liab	ility Parti	nership:	
		artnership or eneral Partner	Limited Liab s.	ility Limit	ted Partn	ership:
All others Signature		rized person.				
Fees:						
Fe Ce	rticles of C es for Flor ertified Cop ertificate of	ida Articles o oy:	f Organization	\$30.0		

DIVISION OF COMPORATIONS

22 AUG 19 PH 9: 05

## NY

The name of the Li	me: mited Liability Company is	:	
	BRISK OPERAT	IONS, LLC	
(Mt	ist contain the words "Limited Liabi	ity Company, "L.L.C.," or "L.L.C.,")	
ARTICLE II - Ad The mailing addres		principal office of the Limited Liability Comp	pany is:
Principal Office A	Address:	Mailing Address:	
	uckhanon Trl B, FL 32720	2072 Buckhanon Tri DeLand, FL 32720	
· · · · · · · · · · · · · · · · · · ·			
(The Limited Liability C business entity with an	ompany cannot serve as its own Reg active Florida registration.)	ed Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another	;
(The Limited Liability C business entity with an	ompany cannot serve as its own Reg active Florida registration.) Florida street address of the	ed Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another registered agent are:	:
(The Limited Liability C business entity with an	ompany cannot serve as its own Reg active Florida registration.)	ed Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another registered agent are:	:
(The Limited Liability C business entity with an	ompany cannot serve as its own Regactive Florida registration.)  Florida street address of the COGENCY C	ed Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another registered agent are:	:
(The Limited Liability C business entity with an	ompany cannot serve as its own Regactive Florida registration.)  Florida street address of the COGENCY Cogen	ed Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another registered agent are:	:
(The Limited Liability C business entity with an	ompany cannot serve as its own Regactive Florida registration.)  Florida street address of the COGENCY Cogen	ed Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another registered agent are: LOBAL INC. ne un Street. Suite 4	:

d 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..

Erin Haggerty, Asst. Secretary Cogency Global Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

AK	UUL	L	¥ -
The	name	an	d a

iddress of each person authorized to manage and control the Limited Liability Company:

<u> 1 me:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Brett Cole
7 (MIDIX	2072 Buckhanon Trl
	DeLand, FL 32720
(Use attachment if necessary)	
- /	
<b>TICLE V:</b> Other provisions, if any.	
<u>REQUIRED</u> SIGNATURE:	
$\circ$ $\wedge$ $\wedge$ $\wedge$	
150071 /24.	

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

#### **Brett Cole**

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)