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SECRETARY OF STATE TALLAHASSEE, FL



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| SHRI | ECT: | | HI FLYT LLC | | | | |
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| The e | nclosed Articles ess Entity" into | of Conversion, Articl a "Florida Limited Lia | es of Organizati ability Company | on, and | I fees are submitted to co cordance with s. 605.10 | onvert an " 45, F.S. | Othe |
| Please | e return all corre | spondence concerning | g this matter to: | | | | |
| Natha | n Hansen | | | | | | |
| HI FLY | /T LLC | (Contact Person) | | - | | | |
| 110 St | unset Cv | (Firm/Company) | | - | | | |
| Nicevi | lle, FL 32578 | (Address) | | - | | | |
| nathai | (C n@hiflytllc.com | ity, State and Zip Code) | | . | | | |
| E-1 | mail Address: (to be | used for future annual rep | port notifications) | - | | | |
| | | on concerning this mat | • | | | | |
| Natha | n Hansen | | 850 _at (| 333-6 | | | |
| | (Name of Contact | et Person) | (Area Code |) (Day | time Telephone Number) | | |
| | | or the following amou a bank located in the | | огосеѕѕ | sed by this office must be | e payable i | n US |
| (\$25 fo | 50.00 Filing Fees or Conversion 5 for Articles anization) | □\$155.00 Filing Fees and Certificate of Status | □\$180.00 Filing and Certified Co | • | ☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status | | |
| | Mailing Addr New Filing Se Division of Co P.O. Box 632 Tallahassee, F | ection orporations 7 | | New I Divisi The C 2415 | t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite nassee, FL 32303 | SECRETARY OF ST | 2022 JUL 23 AM 8: |

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: HIREV, LLC |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a Limited Liability Company |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc. |
| First organized, formed or incorporated under the laws of Nevada |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| on January 12, 2016 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| HI FLYT LLC |
| (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: September 1, 2022 |
| (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 JUL 23 AM 8: 17
SECRETARY OF STATE
TAIL AND SEE STATE

| Signed this 19 day of August | 2022 . |
|---|--------------------------------------|
| Signature of Authorized Representative of Limit | ed Liability Company: |
| And A | bira- |
| Signature of Authorized Representative: | Tirle: Managing Member |
| Printed Name: Nathan M. Hansell | _ 11(10 |
| Signature(s) on behalf of Other Business Entity: [5] | See below for required signature(s)] |
| | |
| Signature: | Title: Managing Member |
| Printed Name: Nathan M. Hansen | Title: Managing Member |
| Signature: | |
| Signature:Printed Name: | Title: |
| | |
| Signature:Printed Name: | Tielo |
| Printed Name: | |
| Signature: | |
| Printed Name: | |
| | |
| Signature: Printed Name: | Title |
| Printed Name: | TRIC. |
| Signature: | |
| Signature:Printed Name: | _ Title: |
| | |
| If Florida Corporation: | Officer |
| Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc. | corporator must sign. |
| If Directors of Officers have not been selected, an in- | conpensation of G |
| If Florida General Partnership or Limited Liabili | tv Partnership; |
| Signature of one General Partner. | |
| If Florida Limited Partnership or Limited Liabili | ty Limited Partnership: |
| Signatures of All. General Partners. | ty Emitted Fateressing. |
| Signatures of Men. General's articles. | |
| All others: | |
| Signature of an authorized person. | |
| 12 | |
| Fees: | |
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$125.00 |
| Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |

2022 JUL 23 AM 8: 17 SEORETARY DE STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | : | | | |
|--|---|---|--|--|
| | ted Liability Company is | | | |
| | HI FLYT LLC | | | |
| (Must e | ontain the words "Limited Liabili | ty Company, " | L.L.C.," or "LLC.") | 81-1596909 |
| ARTICLE II - Addr The mailing address a | | rincipal off | ice of the Limit | ted Liability Company is: |
| Principal Office Add | iress: | Mailing | Address: | |
| 110 Sunset Cv | | 110 Suns | | |
| Niceville, FL 32578 | <u> </u> | Niceville | FL 32578 | |
| (The Limited Liability Comp business entity with an acti | istered Agent, Registere cany cannot serve as its own Regi- ive Florida registration.) orida street address of the | stered Agent. \ | ou must designate a | gent's Signature: un individual or another |
| _ | Nathan H | | | |
| | Nan | 1e | | |
| - | 110 Sun Florida street address (P. | | T acceptable) | |
| | | | | |
| _ | Niceville City | FL | 32578 Zip | |
| liability compar registered agent an statutes relating t | ny at the place designated ad agree to act in this capa | in this certincity. I further performant egistered against egistered against egisture (RI | ficate, I hereby of her agree to con hee of my duties, gent as provided | s for the above stated limited accept the appointment as apply with the provisions of all and I am familiar with and I for in Chapter 605, F.S |

ARTICLE IV-

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

| Title: | Name and Address: | | | |
|---|---------------------------------------|--|--------------|----------|
| "AMBR" = Authorized Member "MGR" = Manager | | | | |
| MGR | Nathan Hansen | | - | |
| | 110 Sunset Cv | | | |
| | Niceville, FL 32578 | | - | |
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| (Use attachment if necessary) | | | | |
| | | (A) | 2022 | |
| NOTE NO. | | C R | 22 J | emp |
| CICLE V: Other provisions, if any. | | 52 | = | ***** |
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| REQUIRED SIGNATURE: | .1/ | FA | | |
| 1/1/n | 1 Ptars | بب | 7 | |

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.

Nathan M. Hansen

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)

SECRETARY OF STATE



LIMITED LIABILITY COMPANY CHARTER

I, BARBARA K. CEGAVSKE, the Nevada Secretary of State, do hereby certify that **DEEP SOUTH INVESTMENT GROUP**, LLC did on January 12, 2016, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



Certified By: Electronic Filing Certificate Number: C20160112-1652 You may verify this certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 12, 2016.

BARBARA K. CEGAVSKE Secretary of State

2022 JUL 23 AM 8: 17
SECRETARY OF STATE