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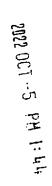
(Requestor's Name)	
(Address)	
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### **COVER LETTER**

	w Filing Sovision of C	ection orporations			
SUBJECT	l': Jaco Link	s, LLC			
SOMEC		(Name of Res	ulting Florida Limit	ed Con	ipany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please retu	irn all corre	spondence concernin	g this matter to:		
Andrea Cha	acin				
		(Contact Person)	· · · · · · · · · · · · · · · · · · ·		
York Howel	II				
		(Firm/Company)			
10610 Sout	th Jordan Ga	ateway, Suite 200			
		(Address)			
South Jorda	an, Utah 840	)20			
	(C	City, State and Zip Code)			
	rkhowell.co				
E-mail A	ddress; (to b	e used for future annual re	port notifications)		
For further	r informatic	on concerning this ma	tter, please call:		
Andrea Cha	acin		_at ( <u>801</u>	,527-1	040
(Na	ime of Conta	et Person)	(Area Code)	(Day	rtime Telephone Number)
		or the following amou a bank located in the		rocess	sed by this office must be payable in US
S150.00 (\$25 for Cor & \$125 for zof Organizat	iversion Articles	S155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Cop		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status
Ne Dir P.(	niling Addr w Filing So vision of Co D. Box 632 Hahassee, F	ection orporations 7		New I Divisi The C	t Address: Filing Section ion of Corporations Jentre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

### FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

10/5/2022

NAME: JACO LINKS, LLC

TYPE OF FILING: CONVERSION

COST:

155.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

# SECRETARY OF STATE DIVISION OF CORPORATION: 22 OCT -5 PM 3: 05

## 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: Jaco Links, 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 (Enter state, or if a non-U.S. entity, the name of the country)
March 24, 2021
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Jaco Links, LLC
(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.

Signe	d this 29th	_ day of <u>September</u>		_ 20	
				od 1 dakitika Company:	
Signat	ture of Authoriz	ed Representative:	Cameron C38040505	temphill	
Printed	d Name: Camero	n Hemphill		Title: Manager	
				See below for required signature(s)	
Signat Printed	i Nau <del>re: George</del> G	42453 . ———————————————————————————————————		Title: Manager	
	11M H	FMPHILL			
Printed	Name: Tim Hen	าักก์ไไ		Title: Manager	
Signati	ure:				
Printed	l Name:			Title:	
Signati	ure:				
Printed	l Name:			Title:	
Simuati	m.c.				
Printed	l Name:			Title:	
Printed	ite: I Name:			Title:	
	i <mark>da Corpor</mark> atio we of Chairman		rector or O	flicar	
Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.					
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.					
-					
If Flor Signate	<u>ida Limited Par</u> ires of <u>ALL</u> Ger	rtnership or Limite neral Partners.	<u>d Liability</u>	Limited Partnership:	
All oth Signati	ers: ire of an authori:	zed person.			
Fees:					
	Articles of Cor Fees for Florid	iversion: a Articles of Organi		\$25.00 \$125.00	
	Certified Copy Certificate of S			\$30.00 (Optional)	
	commeate of 8	tatus:		\$5.00 (Optional)	

SECRETARY OF STATE OF STATE OF CORPORATION OF CORPO

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limite	ed Liability Company is	:				
Jaco Links, LLC (Must ear	nain the words "Limited Liabili	ity Company, "I	L.C" or "ELC.	<u>")</u>		
ARTICLE II - Address an	ss: d street address of the p	rincipal offi	ce of the Lim	nited Liability Com	пралу	is:
Principal Office Address:		Mailing	Mailing Address:		22	AIQ
13 Heartwood St Inlet Beach, FL 32461	13 Heartwood St Inlet Beach, FL 32461			<b>0</b> CT -5	DIVISION OF (	
ARTICLE III - Regist (The Limited Liability Compar business entity with an active	is common serve as us man wells	d Office, & stered Agent. Yo	Registered 2 ou must designate	Agent's Signature	PH 3: 05	ETARY OF STATE
The name and the Flori	da street address of the	registered ag	gent are:			īħ.
	Paracorp Incorpo	rated				
Name						
155 Office Plaza Drive, 1st Floor						
Flo	Florida street address (P.O. Box NOT acceptable)					
	Tallahassee,	FL	32301			
	City	-	Zip	•		

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.

JODY MOUA, ASSISTANT SECRETARY
Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: " $\Lambda$ MBR" = Authorized Member "MGR" = Manager Manager Cameron Hemphill 13 Heartwood St Inlet Beach, FL 32461 Manager Tim Hemphill 6993 South 1620 East Cottonwood Heights, Utah 84121 (Use attachment if necessary) ARTICLE V: Other provisions, if any. Cameron Hemphill -- C38D495D5442453 ... 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 talse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817,155, F.S. Cameron Hemphill Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)