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(Re	equestor's Name)	
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PICK-UP	MAIT WAIT	MAIL
(Bu	usiness Entity Name)
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Certified Copies	Certificates of	f Status
Special Instructions to	Filing Officer:	
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	Office Use Only	1 И



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COVER LETTER

	v Filing Selision of C	ection orporations				
SUBJECT	. Heart of	the Oak Inc				
SUBJECT	•	(Name of Res	ulting	g Florida Limite	ed Con	npany)
				•		d fees are submitted to convert an "Other coordance with s. 605,1045, F.S.
Please retur	n all corre	espondence concerning	g this	s matter to:		
David Garci	a					
		(Contact Person)				
DG Advisors	s CPA					
		(Firm/Company)				
1430 S. Dixi	ie Hwy Sui	te 310				
		(Address)				
Coral Gable	s FL 3314	16				
	_	City, State and Zip Code)	•			
Dgarcia@dg		•				
		e used for future annual re	ort n	otifications)		
For further	informati	on concerning this ma	ter,	please call:		
David Garcia	а		at i	786	208-2	2536
(Nar	ne of Conta	ct Person)	_'''	(Area Code)	(Day	time Telephone Number)
		or the following amou a bank located in the		•	rocess	sed by this office must be payable in US
\$150.00 Fi (\$25 for Conv & \$125 for Ar of Organization	ersion rticles	\$155,00 Filing Fees and Certificate of Status		\$180.00 Filing Certified Copy		☐\$185,00 Fiting Fees, Certified Copy, and Certificate of Status
New Divi	iling Add v Filing Si ision of C . Box 632	ection orporations			New I Divisi	Address: Filing Section on of Corporations Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

INHS11 (7/17)

Tallahassee, FL 32314

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: Heart of the Oak Inc
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (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)
On On (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Heart of the Oak, 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.

Signed this 28 day of September	20 <u>22</u> .	
Signature of Authorized Representative of Lim	ited Liability Company:	
Signature of Authorized Representative:	Title: MGR	
Signature(s) on behalf of Other Business Entity:	See below for required signatur	·e(s)]
Signature: Dev		
Signature: Printed Name: Kyle Reid	Title: President	
Signature:		
Printed Name:	Title:	<u></u>
Signature:Printed Name:		
Printed Name:	Title:	
Signature:Printed Name:		
Printed Name:	Title:	
Signature: Printed Name:		
Printed Name:	Title:	
Signature:Printed Name:		
Printed Name:	Title:	
If Florida Corporation:	O.17	
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In		
If Florida General Partnership or Limited Liabili	ty Dartmarchin	
Signature of one General Partner.	ty rartiersing.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnershin	Ξ_{α}
Signatures of ALL General Partners.	, Dimeter Latenership.	ררא
All others: Signature of an authorized person.		HASSE
Fees:		E.F.S
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	10180

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lia	bility Company is:		
Heart of the Oak, LLC (Must contain the	e words "Limited Liabilit	y Company, "L.L.C.," or "LLC	C.")
ARTICLE II - Address: The mailing address and stre	et address of the pr	rincipal office of the Li	mited Liability Company is:
Principal Office Address:		Mailing Address:	
11200 Biscayne Blvd Apt 550 Miami, FL 33181		11200 Biscayne Blvd Apt 550 Miami, FL 33181	<u></u>
ARTICLE III - Registered (The Limited Liability Company cannot business entity with an active Florida The name and the Florida str	ot serve as its own Regis registration.) eet address of the i	tered Agent, You must design:	
Kyle Reid	Nam-		_
11200 Bis	scayne Blvd Apt 550		
		. Box <u>NOT</u> acceptable)
Miami		FL ³³¹⁸¹	
	City	Zip	_
liability company at the registered agent and agree statutes relating to the pro-	place designated in to act in this capac oper and complete	this certificate, I hereb ity. I further agree to c performance of my dution	ress for the above stated limited by accept the appointment as comply with the provisions of all es, and I am familiar with and led for in Chapter 605, F.S
É) en		7362 T
Regis	stered Agent's Sign	nature (REQUIRED)	FILES PHIZ:

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager MGR Kyle Reid 11200 Biscayne Blvd Apt 550 Miami, FL 33181 (Use attachment if necessary) CLE V: Other provisions, if any. REQUIRED SIGNATURE: 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 any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s. 817 155, F.S. Kyle Reid Typed or printed name of signee	Title:	Name and Address:
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)