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Reveille Foods, LLC

3 Saint George Street - Saint Augustine, Florida 32084

Florida Department of State New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

08/15/22

To Whom It May Concern,

My handwriting is terrible, so I typed out all the important information so it would be easier for you to read. Also, the state sent me a cover letter "attached" that stated that I already paid \$128.75, but it was not clear if that was a credit on my account or you needed it for the last form I submitted. With this letter, I included the \$150.00 for this filing, if I overpaid, just send me a refund.

Ownership:

Diane Felico, Member 210 Outrigger Way Saint Augustine, Florida 32084

Nanine Mattei, Member 4807 Valley Overlook Way Midlothian, Virginia 23112

Silver Lining Group, LLC, Member 345 US Highway, #171 Manalapan, New Jersey 07726

Authorized Representative of Members (Manager or CFO)

John Felico 210 Outrigger Way Saint Augustine, Florida 32084

Phone: 804-304-1197 Email: jfelico@gmail.com

New Florida address:

Reveille Foods, LLC 3 Saint George Street Saint Augustine, Florida 32084

If you have any question or comments, feel free to contact me at 804-304-1197 or ifelico@gmail.com.

// John Felico

COVER LETTER

TO: New Filing Se Division of Co			
SUBJECT: Le	reille Foods	44C	
	(Name of Res	sulting Florida Limited (ompany)
			and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corre	spondence concernin	g this matter to:	
John Fe	(Contact Person)		
<u> </u>	<u> </u>	<u> </u>	
3 5+ Ces	s+		
St Augustin			
E-mail Address: (to be			
For further informatio			
John Fell's	r Person)	at (809) (Area Code) (I	304-1197 Daytime Telephone Number)
Enclosed is a check for dollars and drawn on a	-	-	essed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155,00 Filing Fees and Certificate of Status	□S180.00 Filing Fee and Certified Copy	S S 185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addr			eet Address:
New Filing Se			w Filing Section
Division of Ce P.O. Box 6327	•		rision of Corporations • Centre of Tallahassee
エスケーハハ リショナ		1 117	. Centre Of Farranassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

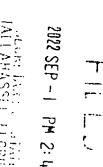
Tallahassee, FL 32314

Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

The Articles of Conversion <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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on 9/20/2010 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Reveille Foods (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 1/1/2022. (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.



15	
Signed this day of	20 <u></u>
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Printed Name: To So Relico	Title: CFO
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: XA VAND Felixo Printed Name: Diane Felixo	Title: an a do ba
Printed Name: Diane Felica	_ Tille: _ MENI SEF
Signature: X MANUNE Matte Printed Name: Nangy Mother	-
	<u> </u>
Signature: Y Printed Name: 41 At Lang Group LCC	
Printed Name: 41 LE Land Group LCC	_ little:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	_ Title:
61	
Signature:Printed Name:	Title:
Printed Name.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
	. D
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:				
Rever'lle Foods 24C (Must contain the words "Limited Liah	oility Company, "L	.lC.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the			Liability C	Compar	ıy is:
Principal Office Address:	Mailing	Address:			
Manine Matter Silver lining Croop	210 0050 4807 us	they archael #	Mid by	4 NI 4 NI	32089 , 23112 , 07726
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Repulsiness entity with an active Florida registration.)					
The name and the Florida street address of the	e registered as	gent are:			
John Felico	me				
210 Ootrigger Florida street address (P					
	·	•			
5+ Augustine	FL	32084			
Citi		Zip			
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as	l in this certific acity. I furthe by performance	rate, I hereby accept ragree to comply a gof my duties, and	ot the appo with the pr I am famil	ointmer ovisior liar wit	n as ns of all h and
Registered Agent's Si		OUIRED)	TALL AHASSEE, FLO	2022 SEP - 1 PM ;	

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager <u>CFO = MCA</u>	John Felico 210 Outrigger vay st Augustine Fi 32084
(Use attachment if necessary)	. I IVI

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.

John Felico

REQUIRED SIGNATURAL:

Felico
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)