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| (Re | questor's Name) | | |
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| PICK-UP | ☐ WAIT | MAIL | |
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| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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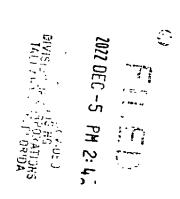
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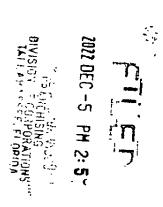
| TO: New Filing S Division of C | | | | |
|--|--|-----------------------------------|-------------------------------|---|
| SUBJECT: F.Y.O., | LLC | | | |
| | | ulting Florida Lir | nited Con | ipany) |
| The enclosed Article Business Entity" int | s of Conversion, Artic a a "Florida Limited Li | les of Organiza ability Compa | ition, an ny" in a | d fees are submitted to convert an "Other coordance with s. 605,1045, F.S. |
| Please return all con | respondence concerning | g this matter to | : | |
| Gregory S. Grossman | , Esq. | | | |
| | (Contact Person) | | | |
| Frazier & Bowles, Pt.t | .C | | | |
| | (Firm/Company) | | | |
| 202 S. Rome Ave., St | iite 125 | | | |
| | (Address) | | | |
| Tampa, Florida 33606 | 5 | | | |
| <u> </u> | City, State and Zip Code) | | | |
| ggrossman@frazierbe | owles.com | | | |
| h-mail Address: (to | be used for future annual re | port notifications | ĺ | |
| For further informat | ion concerning this ma | tter, please cal | l: | |
| Derek Hills | | 716 | \818- | 5519 |
| (Name of Con | act Person) | (Area Coo | le) (Day | rune Telephone Number) |
| | for the following amov n a bank located in the | | proces: | sed by this office must be payable in US |
| ☐ \$150.00 Filing Foos (\$25 for Conversion & \$125 for Articles of Organization) | \$155.00 Filing Fees and Certificate of Status | □\$180.00 Fili and Certified C | | CIS185.00 Filing Fees, Certified Copy, and Certificate of Status |
| Mailing Add New Filing 1 Division of 1 P.O. Box 63 Talfahassee, | Section Corporations 27 | | New Divis The 0 2415 | t Address: Filing Section ion of Corporations Jentre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303 |

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: F.Y.O., t.LC | | | | |
|--|--|--|--|--|
| (Enter Name of Other Business Entity) | | | | |
| 2. The "Other Business Entity" is a [Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.] | | | | |
| | | | | |
| First organized, formed or incorporated under the laws of | | | | |
| | | | | |
| 10.29.18 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: | | | | |
| F.Y.O., 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 18 day of DANUALY 20 22 Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative: / / / / / Printed Daniel Daniel Hills Title: AMBR. ANDONICA MENTER Printed Name: Derek Hills Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Signature: ______ Printed Name: DEREK HILLS Title: AWIL- AU HEILLA HENSTE Signature: ______ Title: ______ Signature: Printed Name: ______ Title: _____ Signature. Printed Name;_____ Signature: _______ Title: ______ Signature: _____ If Florida Corporation: 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 Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others: Signature of an authorized person. 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)

| ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY | | | | | |
|---|--|--|--|--|--|
| ARTICLE I - Name: The name of the Limited Liability Company | is: | | | | |
| F.Y.O., LLC | | | | | |
| (Must contain the words "Limited Liab | nility Company, "L.L.C.," or "LLC.") | | | | |
| ARTICLE II - Address: The mailing address and street address of the | principal office of the Limited Liability Company is: | | | | |
| Principal Office Address: | Mailing Address: | | | | |
| F.Y.O., LLC 701 S. Howard Avenue, Suite 106-860 | F.Y.O., LLC 701 S. Howard Avenue, Suite 106-860 | | | | |
| l'ampa, Florida 33606 | Tampa, Florida 33606 | | | | |
| (The Lamited Liability Company cannot serve as its own Re- business entity with an active Florida registration.) | red Office, & Registered Agent's Signature; gistered Agent You must designate an individual or another | | | | |
| The name and the Florida street address of th | ne registered agent are: | | | | |
| Gregory S. Grossman, Esq Na | ., Frazier & Bowles, PLLC | | | | |

202 S, Rome Ave., Suite 125 Florida street address (P.O. Box NOT acceptable)

City

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.,

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: "AMBR" = Authorized Member "MGR" = Manager AM8R Derek Hills 806 Oregon Ave. 1703 W BRISTOL AYE Tampa, Florida 33606 MGR Tammy Hills 806 S. Oregon Ave. 1703 W BRISTUL AYE Tampa, Florida 33606 (Use attachment if necessary) ARTICLE 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 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. 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)