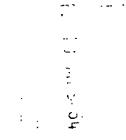
| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: New Filing So Division of C | | | |
|--|--|--|--|
| SUBJECT: | (Name of Res | SHC LLC ulting Florida Limited Com | ipany) |
| | | | d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S. |
| Please return all corre | espondence concerning | g this matter to: | |
| Miranda | (Contact Person) |) | |
| Desirose | Lugistics (Firm/Company) | CC | |
| 350 Na | (Address) | | |
| St. Peters | burg FL 33 City, State and Zip Code) | 3716 | |
| Micanda @ | desirate and zip Code) desirate legistre e used for future annual rep | cc.com | |
| For further information | on concerning this mat | ter, please call: | |
| Miranda (Name of Conta | Juhnson ct Person) | | 1286292 time Telephone Number) |
| | or the following amou a bank located in the t | | ed 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 Fees and Certified Copy | Certified Copy, and Certificate of Status |
| Mailing Add | ress: | Street | Address: |

New Filing Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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 Convers | sion is: |
|--|----------------|
| Desi Rise Logistics Luc (Enter Name of Other Business Entity) | |
| 2. The "Other Business Entity" is a <u>Variety National Corporation</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business | ss trust, etc. |
| First organized, formed or incorporated under the laws of | antry) |
| on April 151, 2020 (date of organization, formation or incorporation) | |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organ | nization: |
| De Shoose Logi Sties LLC (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: 2-13-2023 (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar d 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 list 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 a which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. | mount to |
| i. | _ |

| Signed this 13 ⁷⁷ day of February | _ 20 <u>23</u> |
|---|--------------------------------------|
| Signature of Authorized Representative of Limi | ted Liability Company: |
| Signature of Authorized Representative: Printed Name: Micanda Johnson | |
| Signature of Authorized Representative: | |
| Printed Name: Micanda Johnson | _ Title: |
| Signature(s) on behalf of Other Business Entity: | See below for required signature(s)] |
| Signature: Micarda Johasan | |
| Signature: | m.1 (15) |
| Printed Name: Micanda Dhasa | _ little: |
| Signature: | |
| Signature:Printed Name: | Title: |
| Timed Name. | |
| Signature: | |
| Signature:Printed Name: | Title: |
| | |
| Signature:Printed Name: | 70° 1 |
| Printed Name: | Title: |
| Signature: | |
| Signature:Printed Name: | Title: |
| Timed Ivanie. | |
| Signature: | |
| Signature:Printed Name: | Title: |
| | |
| If Florida Corporation: | O 555 v |
| Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In | |
| If Directors or Officers have not been selected, an in | corporator must sign. |
| If Florida General Partnership or Limited Liabili | ty Partnership: |
| Signature of one General Partner. | |
| 3 | |
| If Florida Limited Partnership or Limited Liabili | ty Limited Partnership: |
| Signatures of <u>ALL</u> General Partners. | |
| | |
| 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) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Desirose Lia | aistics LLC | |
|-------------------|--|--|
| (Must contain the | words "Limited Liability Company, "L.L.C.," or "LLC.") | |

ARTICLE II - Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address: |
|--|--|
| 360 Central Are Ste 810 First Central Towers St. Petersburg FL 33701 | 350 Klewbury Pl St. Retersburg FL 33716 |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

| Miranch John | 250/7 | |
|------------------------------|----------------|-------------|
| Name | | |
| 360 Central Are S | ie 860 | |
| Florida street address (P.O. | Box <u>NOT</u> | acceptable) |
| St. Peleoburg | FL | 32116 |
| Čity | | 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| A | R | T | Ī | C | L | E. | I | V- |
|---|---|---|---|---|---|----|---|----|
| | | | | • | | | | • |

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

| <u>Title:</u> | Name and Address: |
|--|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | 11:00 |
| MGR | Miranda Johnson |
| | 350 Newbury PL 10 |
| | St Peterburg FL 33716 |
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| (Use attachment if necessary) | |
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| CLE V: Other provisions, if any. | |
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| REQUIRED SÍGNATURE: | |
| 19.0 | |
| | <u></u> |
| | |
| | |
| Signature of a member or | an authorized representative of a member |
| This document is executed in accordance | e with section 605.0203 (1) (b), Florida Statutes. I am aware |
| This document is executed in accordance any false information submitted in a docu | e with section 605.0203 (1) (b), Florida Statutes. I am aware |
| This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S. | e with section 605.0203 (1) (b). Florida Statutes. I am aware iment to the Department of State constitutes a third degree fe |
| This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S. | e with section 605.0203 (1) (b), Florida Statutes. I am aware iment to the Department of State constitutes a third degree for |
| This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S. | an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am aware iment to the Department of State constitutes a third degree fe with section 605.0203 (1) (b). Florida Statutes. I am aware iment to the Department of State constitutes a third degree fe with section 605.0203 (1) (b). Florida Statutes. I am aware iment to the Department of State constitutes a third degree fe with section 605.0203 (1) (b). Florida Statutes. I am aware iment to the Department of State constitutes a third degree fe with section 605.0203 (1) (b). Florida Statutes. I am aware iment to the Department of State constitutes a third degree fe with section 605.0203 (1) (b). Florida Statutes. I am aware iment to the Department of State constitutes a third degree fe with section 605.0203 (1) (b). Florida Statutes. I am aware iment to the Department of State constitutes a third degree fe with section 605.0203 (1) (b). Florida Statutes. I am aware iment to the Department of State constitutes a third degree fe with section 605.0203 (1) (b). Florida Statutes. I am aware iment to the Department of State constitutes a third degree fe with section 605.0203 (1) (b). Florida Statutes. I am aware iment to the Department of State constitutes a third degree fe with section 605.0203 (1) (b). Florida Statutes (1) (b). Florida Statu |

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