# L23000093860

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	<del>= #)</del>
PICK-UP	☐ WAIT	MAIL MAIL
(Bus	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800402078078

11 14 38--01120-011 \*\*1F1.20



Ċ.

# LEGALINC CORPORATE SERVICES INC. 10601 CLARENCE DR., STE. 250 FRISCO, TX 75033 PHONE: (866) 757-5850

FAX: (214) 317-4754 FILINGS@LEGALINC.COM

Date:2/10/2023

To:

Florida Department of State The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RE: Brittalex LLC

Please file and return to address below:

LEGALINC CORPORATE SERVICES INC. 10601 CLARENCE DR., STE. 250 FRISCO, TX 75033

Thank you!

2023 FEB 14 AM 9: 32

#### **Articles of Conversion**

For

#### "Other Business Entity"

Into

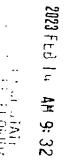
### Florida Limited Liability Company

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.

<ol> <li>The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:         —</li></ol>
(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.
(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)
1/4/2016 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:
Brittalex 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 9th	day of February	20_23
Signature of Auth	orized Representative of Li	mited Liability Company:
Signature of Author Printed Name: <u>Mark I</u>	rized Representative:Ma.k Buckley	Tide: Manager
		[See below for required signature(s)]
	· · · · · · · · · · · · · · · · · · ·	
Printed Name: Mark I	Buckley	Title: Manager
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:	<del> </del>	Title:
Printed Name:		Title:
Signature:	-111111	Title:
Signature: Printed Name:		Title:
<u>If Florida Corporat</u> Signature of Chairm	<del>lion:</del> an, Vice Chairman, Director, c	or Officer.
	ers have not been selected, an	
If Florida General   Signature of one Gen	P <mark>artnership or Limited Liab</mark> neral Partner.	ility Partnership:
<b>If Florida Limited I</b> Signatures of <u>ALL</u> (	<mark>Partnership or Limited Liab</mark> General Partners.	lity Limited Partnership:
All others: Signature of an autho	orized person.	
<u>Fees:</u>		
Articles of C Fees for Flor Certified Co Certificate o	rida Articles of Organization. py:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

.

ARTICLES OF ORGANIZATION FOR	FLORIDA LIMITED LIABILI	ТҰ СОМР	ANY	
ARTICLE I - Name: The name of the Limited Liability Company	is:			
Brittalex LLC				
(Must contain the words "Limited Lia	ibility Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Li	ability Com	pany is	5:
Principal Office Address:	Mailing Address:			
2598 East Sunrise Boulevard, Suite 2104 Fort Lauderdale, FL 33304	2598 East Sunrise Boulevard, Suite Fort Lauderdale, FL 33304	e 2104		
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rousiness entity with an active Florida registration.)	ered Office, & Registered Agent's Registered Agent. You must designate an indiv	s Signature: idual or another	:	
The name and the Florida street address of t	he registered agent are:			
Legalinc Corporate Service	<del></del>			
, N	lame			
476 Riverside Ave.				
Florida street address (	P.O. Box <u>NOT</u> acceptable)			
Jacksonville	FL 32202			
City	Zip			
Having been named as registered agent as liability company at the place designate registered agent and agree to act in this constantes relating to the proper and complete accept the obligations of my position a	ed in this certificate, I hereby accept upacity. I further agree to comply w lete performance of my duties, and I	the appoint oith the provid am familiar	ment a sions o with a	s of all ond
Ch F				
Registered Agent's	Signature (REQUIRED)			
(CON	TINUED)		2023 FEB 14 1	1
		FLORID;	AM 9: 32	<u></u>

## ARTICLE IV-

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

"AMBR" = Authorized Member "MCP" = Manager	
"MGR" = Manager MGR	Mark Buckley
	2598 East Sunrsie Blvd., Suite 2104
	Fort Lauderdale, Florida 33304
	1 ort Ladderdale, Florida 33304
(Use attachment if necessary)	
(Use attachment if necessary)  LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:  Signature of a member This document is executed in accorda	or an authorized representative of a member ince with section 605.0203 (1) (b). Florida Statutes, I am aware ocument to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE:  Signature of a member This document is executed in accorda any false information submitted in a draw provided for in s.817.155, F.S.  Mark Buckley	ince with section 605.0203 (1) (b). Florida Statutes, I am aware ocument to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE:  Signature of a member This document is executed in accorda any false information submitted in a draw provided for in s.817.155, F.S.  Mark Buckley	ince with section 605.0203 (1) (b), Florida Statutes, I am aware

TA AM 9: 32