# 123000165070

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

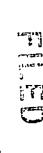
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SECRETARY OF STATE
TALLAHASSEE, FL



## **COVER LETTER**

Division of Corporations	
SUBJECT: CACOLINA Sneak	liting Florida Limited Company)
The enclosed Articles of Conversion, Article Business Entity" into a "Florida Limited Lia	es of Organization, and fees are submitted to convert an "Other bility Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	this matter to:
Lloyd Cunain gham II (Contact Resson)	·
(Firm/Company)	
3241 SW 39th St, (Address)	
Wast Park F 33023 (City, State and Zip Code)	<u>&gt;</u>
Inc2 @ CArolinas neak (rhea E-mail Address: (to be used for future annual repo	ds.com
For further information concerning this matter Lland Cuningham L (Name of Contact Person)	er, please call:  at ( <u>803</u> ) <u>542-6995</u> (Area Code) (Daytime Telephone Number)
	t: (All checks processed by this office must be payable in US
(\$25 for Conversion & \$125 for Articles of Organization)	□\$180.00 Filing Fees and Certified Copy  Certified Copy. and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

INHS11 (7/17)

#### **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:
(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 South Carolina
(Enter state, or if a non-U.S. entity, the name of the country)
on 05/21/2020 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  CArolina Sneaker Heads LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 3/1/23 (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.
  - 2023 HAR -7 PH 1:57
    SECRETARY OF STATE
    TALLAHASSEE PATE

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as a man in	20_23	, ,	•
Signed this 2- 30 day of March			
Signature of Authorized Representative of Limi	ed Liability.Co	mpany:	, .i
	1 N 411.	-	٠.
Signature of Authorized Representative: Alex Printed Name: Lique Conneyhorn II	(not)	<del>- 40</del>	
Printed Name: Lord Connahem I	_ Title: _()ښمع	C ) PREMAR	<del></del> '
	or tulain for so	antrod clonaturels	l(a
Signature(s) on behalf of Other Rusiness Entity:	266 DEIOM IOL I È	duti en signaria.	~
			4
Signature: 1/14/ Manual Printed Name: 2/04/ Company	Title: Our	- 3 President	<del>-, .</del>
Frinted Name: ZIDAI COMPRESSOR	<u> </u>		
Signature:			<u> </u>
Signature:	_ Title: _ <del>·</del>	<u></u>	<del></del> `
			•
Signature: Printed Name:	- mid :		
Printed Name:	Title:		
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Signature: 34 Printed Name:	Title:		
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Signature: Printed Name:		<u> </u>	<u>. ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </u>
Printed Name:	Title:		
	•		
Signature: Printed Name:	Trial State		
Printed Name:	<u></u>	·	
Il Florida Corporation:			•
Signature of Chairman, Vice Chairman, Director, or	Officer.		1,
· If Directors or Officers have not been selected, an Inc		ign -	
	*		آنے∠ واروموں
If Florida General Partnership or Limited Liabili	ty Partnership:		(* ) 989
Signature of one General Partner.			οί (βα <sup>2</sup> έ) γ είξε
If Florida Limited Partnership or Limited Liabili	erit in de la companya de la company La companya de la co		
Signatures of ALL General Partners.	ty Limited Partn	ership:	ام المرابع
			11
All others:			
Signature of an authorized person.	F 4		
Transfer Charles	, **		
Feest			
Articles of Conversion:			
Fees for Florida Articles of Organization	<b>:\$25.00</b>		
	-\$125.00 h		ا براز عربول
Certificate of California and American	:\$30.00 (Option	aller to	18

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
CArolina Sneaker Heads LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LI.C.")		
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:	
Principal Office Address: Mail	ing Address:	
3241 SW 39th St West Paril West Paril Florida 33023 Fl	41 SW 39th St lest Park ocida 33023	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own Registered Agent business entity with an active Florida registration.)	. & Registered Agent's Signature: at. You must designate an individual or another	
The name and the Florida street address of the registere	ed agent are:	
Lloyd Cunningham II	<u> </u>	
3241 SW 39th St		
Florida street address (P.O. Box N	OT acceptable)	
West Pork FL	33023 Zip	
Having been named as registered agent and to accept liability company at the place designated in this cel registered agent and agree to act in this capacity. I fu statutes relating to the proper and complete perform accept the obligations of my position as registered	tificate, I hereby accept the appointment as rther agree to comply with the provisions of all ance of my duties, and I am familiar with and	
Registered Agent's Signature (I	SECRETARY OF STALLAHASSEE, F	

A	R	Tl	CI	Æ	IV-

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

Title: "AMBR" = Authorized Member "MGR" = ManagerAMBQ	Name and Address:		
	Lloyd Cunningham II 324 SW 34th St West Paril Fl 33023		
<del></del>			
(Use attachment if necessary)			
ARTICLE V: Other provisions, if any.			
REQUIRED SIGNATURE:	h		
Similar			
I his document is executed in accordance w	n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware that continue to the Department of State constitutes a third degree felony		
Lloyd Cunning hon	n II		
✓ Type	ed or printed name of signee		
\$125.00 Filing Fee for Articles of	Filing Fees Organization and Designation of Registered Agent		
\$ 30.00 Certified Copy (Optional	) \$ 5.00 Certificate of Status (Optional)		
	表 1.		