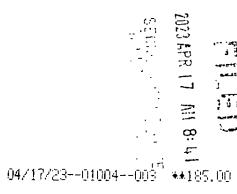
# 

(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:

Office Use Only





## COVER LETTER

TO:	New Filing S Division of C					
SHRI	FCT. Conversi	ion of Coin Toss, LLC fro	om CO to FL			
1,50 1341		(Name of Re	sulting Florida Li	mited Cor	mpany)	
					nd fees are submitted to convert accordance with s. 605,1045, F.S	
Please	e return all corre	espondence concernin	g this matter to	<b>)</b> :		
Steve	n Durie					
Coin 1	Toss, LLC	(Contact Person)		_		
		(Firm/Company)		_		
7901	4th St N, STE 14	034				
		(Address)				
St. Pe	tersburg, FL 337	02				
sdurie	((@comcast.net	City, State and Zip Code)	·			
E-n	nail Address: (to b	e used for future annual re	port notifications	)		
For fu	rther information	on concerning this ma	tter, please cal	<b>l</b> :		
Steve	n Durie		at (303	,883-	8696	
	(Name of Conta	et Person)	(Area Co	de) (Da	8696 ytime Telephone Number)	
		or the following amou a bank located in the			sed by this office must be payab	le in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion is for Articles anization)	□\$155,00 Filing Fees and Certificate of Status	□\$180,00 Fili and Certified C		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Adde New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		New Divis The C 2415	et Address: Filing Section sion of Corporations Centre 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 <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: Coin Toss, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company  (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)
02/28/2012 on
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:
Coin Toss, 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 12	day of April	20_23_	
Signature of Author	orized Representative of Li	imited Liability Company:	
Signature of Author Printed Name: Steve	rized Representative:	Title: Member	
		y:  See below for required signat	
Signature:Printed Name:	Aven Durie	Title: <u>Nember</u>	
Signature:Printed Name:		Title:	
Signature:Printed Name:		Title:	
Signature:			
Printed Name:	<del>_</del>	Title:	
Printed Name:		Title:	
Signature: Printed Name:		Title:	
If Florida Corporat			

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	r is:	
Coin Toss, LLC		
(Must contain the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
7901 4th St N, STE 14034	7901 4th St N, STE 14034	
St. Petersburg, FL 33702	St. Petersburg, FL 33702	Ö ≱ •
	Registered Agent. You must designate an individual or another	rare pur-y
Registered Agents Inc		-
Na	ame	
7901 4th St N. STE 300		
Florida street address (I	P.O. Box <u>NOT</u> acceptable)	
St. Petersburg	FL 33702	
City	Zip	

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..

Having been named as registered agent and to accept service of process for the above stated limited

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Steven Durie
	10790 Ironbridge Dr
	Venice, FL 34293
<del></del>	
	<del></del>
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
CLEW OIL COLOR	
CLE V: Other provisions, if any.	<del></del>

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)

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.

Steven Durie