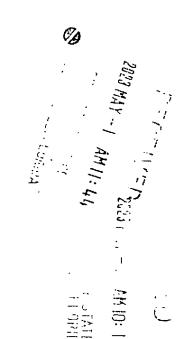
# L23000214269

| (R                    | equestor's Name)       |           |
|-----------------------|------------------------|-----------|
| (A                    | ddress)                |           |
| (A                    | ddress)                | <u></u>   |
| (C                    | ity/State/Zip/Phone #) | ,         |
| PICK-UP               | WAIT                   | MAIL      |
| (8                    | lusiness Entity Name)  |           |
| (0                    | ocument Number)        | ·         |
| Copies                | Certificates o         | of Status |
| d Instructions to Fil | ling Officer.          |           |
|                       |                        |           |
|                       |                        |           |
|                       |                        |           |
|                       |                        |           |

Office Use Only



800407900348



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| Thene. 330 330 1300  |  |  |  |
|--|--|--|--|
| ACCOUNT NO. : 12000000195  |  |  |  |
| REFERENCE : 710086 7175508   |  |  |  |
| AUTHORIZATION: MILLO RECO  |  |  |  |
| COST LIMIT : \$ 150.00   |  |  |  |
| ORDER DATE : April 28, 2023  |  |  |  |
| ORDER TIME : 9:10 AM   |  |  |  |
| ORDER NO. : 710086-010   |  |  |  |
| CUSTOMER NO: 7175508   |  |  |  |
|  |  |  |  |
| DOMESTIC AMENDMENT FILING  |  |  |  |
| NAME: GOH CHARTERS LLC   |  |  |  |
| EFFECTIVE DATE:  |  |  |  |
| XXX_ ARTICLES OF CONVERSION RESTATED ARTICLES OF INCORPORATION     |  |  |  |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:                    |  |  |  |
| CERTIFIED COPY  XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING |  |  |  |
|  |  |  |  |

EXAMINER'S INITIALS:

CONTACT PERSON: Eyliena Baker -- EXT#

#### **COVER LETTER**

| TO:                      | New Filing S<br>Division of C            |   |                 |                              |                         |  |
|--------------------------|--|---|-----------------|------------------------------|-------------------------|--|
| er:n i                   | ECT: GOH C                               | •   |                 |                              |                         |  |
| SUBJ                     | ECT:                                     |   | sultin          | g Florida Limi               | ted Cor                 | mpany)   |
| Dusin                    | ess Entity into                          | es of Conversion, Artic   | les o<br>iabili | of Organizati<br>ity Company | on, ar                  | nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S. |
|                          | M. Bulington                             |   | 5               | s matter to.                 |                         |  |
|                          |  | (Contact Person)  |                 | <u>-</u>                     | -                       |  |
| Leven                    | feld Pearlstein, I                       | LLC   |                 |                              |                         |  |
|                          | <del></del>                              | (Firm/Company)  |                 | <del></del>                  | •                       |  |
| 120 S.                   | Riverside Plaza                          | a, Suite 1800   |                 |                              |                         |  |
|                          | <u> </u>                                 | (Address)   |                 | <del></del>                  |                         |  |
| Chicac                   | o, Ilinois 60606                         | •   |                 |                              |                         |  |
|                          |  | City, State and Zip Code)   |                 |                              |                         |  |
| lpagen                   | ts@lplegal.com                           |   |                 |                              |                         |  |
| E-m                      | ail Address: (to b                       | e used for future annual re   | oort n          | otifications)                |                         |  |
|                          |  | on concerning this ma   |                 | •                            |                         |  |
| Gwen I                   | M. Bulington                             |   | - 4 (           | 312                          | 476-7                   | 7708   |
|                          | (Name of Conta                           | ct Person)  | _at (           | (Area Code)                  | (Dav                    | 7708   |
| Gonars  \$150 (\$25 for  | and drawn on  .00 Filing Fees Conversion | or the following amou<br>a bank located in the last of th | nt: (Æ<br>Unite | All checks p                 | rocess<br>Fees          | sed by this office must be payable in US                                     |
|                          | for Articles nization)                   | Status  |                 |                              | _                       | Certificate of Status  |
|                          | Mailing Address:  New Filing Section     |   |                 |                              | Address: Filing Section |  |
| Division of Corporations |  |   |                 | on of Corporations           |                         |  |
| P.O. Box 6327            |  |   |                 | entre of Tallahassee         |                         |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

#### **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:   |
|--|
| (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)  |
| January 4, 2023<br>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:  |
| GOH CHARTERS 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 26 day of April  | 20_23                                   |
|---|---|
| Signature of Authorized Representative of Lim   | nited Liability Company:                |
| Signature of Authorized Representative: 72 Printed Name: Robert Petrie                                    | 7.5                                     |
| Signature(s) on behalf of Other Business Entity:  | <del></del>                             |
| Signature: 1277   |   |
| Printed Name: Robert Petrie   | Title: Manager                          |
|   |   |
| Signature:Printed Name:   | Title:                                  |
|   |   |
| Signature: Printed Name:  | Title:                                  |
|   |   |
| Signature:Printed Name:   | Title                                   |
|   |   |
| Signature:Printed Name:   | Title                                   |
|   |   |
| Signature:  |   |
| Printed Name:   | Title:                                  |
| If Florida Corporation:   |   |
| Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In | Officer.                                |
| in Directors of Officers have not been selected, an in  | corporator must sign.                   |
| If Florida General Partnership or Limited Liabili   | ty Partnership:                         |
| Signature of one General Partner.   |   |
| <u>If Florida Limited Partnership or Limited Liabili</u><br>Signatures of <u>ALL</u> General Partners.    | ty Limited Partnership:                 |
| All others:   |   |
| Signature of an authorized person.  |   |
| Fees:   |   |
| Articles of Conversion:   | \$25.00                                 |
| Fees for Florida Articles of Organization:  | \$125.00                                |
| Certified Copy: Certificate of Status:  | \$30.00 (Optional)<br>\$5.00 (Optional) |
| ::::::  | Ψοίου (Optional)                        |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

|   | AND THE PROPERTY OF THE PROPER |
|---|--|
| ARTICLE I - Name:   |  |
| The name of the Limited Liability Company is:   |  |
|   |  |
| GOH CHARTERS LLC  |  |
| (Must contain the words "Limited Liability  | y Company, "L.L.C.," or "LLC.")  |
| ARTICLE II - Address:   |  |
|   | incipal office of the Limited Liability Company is:  |
| g control and on occurrences of the pr  | merpar office of the Elithted Liability Company is:  |
| Principal Office Address:   | Mailing Address:   |
| 811 Solar Isle  | 044 0-1-1-1  |
| Ft. Lauderdale, Florida 33301   | 811 Solar Isle   |
| - Sauder date, Florida decor  | Ft. Lauderdale, Florida 33301  |
|   |  |
| ARTICLE III - Registered Agent, Registered  | Office, & Registered Agent's Signature:  |
| The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) | ered Agent. You must designate an individual or another  |
|   |  |
| The name and the Florida street address of the re   | egistered agent are:   |
| Corporation Service Company   |  |
| Name  |  |
|   |  |
| 1201 Hays Street  |  |
| Florida street address (P.O.  | Box NOT acceptable)  |
| Tallahassee   | FL 32301   |
| City  | Zip  |
|   | •  |
| Having been named as registered agent and to  | accept service of process for the above stated limited   |
| registered agent and caree to act in this agnaci  | this certificate, I hereby accept the appointment as   |
| statutes relating to the proper and complete n  | ty. I further agree to comply with the provisions of all   |
| accept the obligations of my position as real   | erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S  |
| ^   |  |
| Eyluns  | Baher Vice President   |
|   |  |
| Registered Agent's Signa  | iture (REQUIRED)   |
|   |  |
| (CONTINU  | JED) 2023  |
| ,   | Ž.   |

| The name and address of each person as Company: | uthorized to manage and control the Limited Liability |
|---|---|
| Title:  | Name and Address:                                     |
| "AMBR" = Authorized Member                      |   |
| "MGR" = Manager                                 |   |
| MGR   | Robert Petrie   |
|   | 811 Solar Isle  |
|   | Ft. Lauderdale, Florida 33301                         |
|   |   |
|   |   |
| _   |   |

ARTICLE V: Other provisions, if any.

#### **REQUIRED SIGNATURE:**

(Use attachment if necessary)

1616

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.

Robert Petrie, Authorized Representative

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)