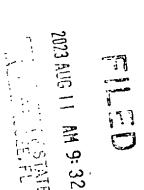


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Cartified Copies Cartificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Ţ





08/11/22 -01004--013 **100.00



New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Filing Articles of Conversion

The Xpierience Nautical Cigar Lounge LLC

LZ order # 558863320

Dear Sir or Madam:

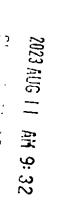
Attached for filing please find the Articles of Conversion of the above-referenced corporation. Enclosed, please find a check for \$180.00 for the filing fee and certified copy fee. Please process this application as quickly as possible and send the filed copy to me at the address below:

Legalzoom.com, Inc. 101 N Brand Blvd 11th Floor Glendale, CA 91203

If you have any questions, please call me at (800) 773-0888 x9724. Thank you for your help in this matter.

Sincerely,

Cheyenne Moseley LegalZoom.com



COVER LETTER

TO: New Filing S Division of C					
SHRIFOT. The Npie	erience Nautical Cigar Loui	nge LLC			
30bJEC1:	(Name of Res	sulting Florida Lin	ited Cor	mpany)	_
		_		nd fees are submitted to recordance with s. 605.1	
Please return all corn	respondence concernin	g this matter to			
Cheyenne Moseley					
	(Contact Person)		_		
Legalzoom.com. Inc.					
	(Firm/Company)		_		
101 N Brand Blvd 11th	FI				
	(Address)		_		
Glendale, CA 91203					
(City, State and Zip Code)				
dgaston@creo-fit.com					
E-mail Address: (to	be used for future annual re	port notifications)	_		
For further informat	ion concerning this ma	tter, please call	;		
Cheyenne Moseley		at (800	773-0	0888	
(Name of Cont	act Person)	<u> </u>	e) (Day	ytime Telephone Number)	_
	for the following amount a bank located in the		proces	sed 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	■\$180.00 Filin and Certified Co	_	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES New Filing Section Division of Corpora		New	Filing S	ADDRESS: Section Corporations	2023 AUG 1 6-1 12/11/12

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

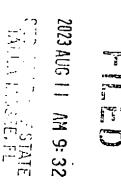
Articles of Conversion For "Other Business Entity" Into

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: THE XPIERIENCE NAUTICAL CIGAR LOUNGE INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation
(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)
09/08/2022 On
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
The Xpierience Nautical Cigar Lounge 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.)
<u>Note:</u> 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 28 day of 00	- obes 20 22.
Signature of Authorized Representative	of Limited Liability Company:
Signature of Authorized Representative: _ Printed Name: David Gaston	Title: Member
Signature(s) on behalf of Other Business I	Entity: [See below for required signature(s)] Title: President
Signature:	tien
Printed Name: David Gaston	Title: President
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, Dire If Directors or Officers have not been selected	
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

2023 AUG 11 - AM 9: 3% \$533 | \$345 | AM 5: 34T

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:						
The name of the Limited Liability Compar	ny is:					
The Xpierience Nautical Cigar Lounge LLC						
(Must contain the words "Limited I	Liability Company, "L.L.C.," or "LLC.")					
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited	d Liability Company is:				
Principal Office Address:	Mailing Address:					
2333 NW 167th St Apt. 108	2333 NW 167th St Apt. 108					
Miami Gardens, Florida 33056	Miami Gardens, Florida 3305	6				
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	the registered agent are:	ndividual or another				
United States Corporation	Agents, Inc. Name					
	Name					
476 Riverside Ave.	DAN 18 BIAM 11 1					
Florida street address	(P.O. Box <u>NOT</u> acceptable)					
Jacksonville	FL 32202					
City	Zip					
Having been named as registered agent of liability company at the place designal registered agent and agree to act in this constantes relating to the proper and compaccept the obligations of my position of the proper and compaccept the obligations of my position of the proper and compaccept the obligations of the proper and compaccept the p	ted in this certificate. I hereby acc vapacity. I further agree to compl plete performance of my duties, ar as registered agent as provided fo CHEYENNE MOSE	cept the appointment as ly with the provisions of all and I am familiar with and				
Registered Agent's	s Signature (REQUIRED)	26 20				
(CON	STINUED)	FILE AM				

ARTICLE IV-

David Gaston

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager AMBR	David Gaston	
AUDK		
	2333 NW 167th St., Apt. 108	
	Miami Gardens, FL 33056	
AMBR	Victor Curley	
	2333 NW 167th St., Apt. 108	
	Miami Gardens, FL 33056	
(Line attachment if uses		
(Use attachment if necessary)		
CLE V: Other provisions, if any,		
Toda i romer provisions, ir div		
REQUIRED SIGNATURE:		
(/	(/ / / / / / / / / / / / / / / / / / / 	
	ay of white	
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	
as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree felor	

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)

023 AUG 11 AM 9: 32