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| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| ☐ PICK-UP ☐ WAIT ☐ MAIL ↔               |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| W23000147312                            |
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October 27, 2023

CAPITAL CONNECTION, INC.

SUBJECT: COAN INVESTMENTSM, INC.

Ref. Number: W23000147312

We have received your document for and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 823A00025050



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| COAN INVESTMENTS, INC.             |                                |
|------------------------------------|--------------------------------|
| Please Debit FCA000000003 For: 150 |                                |
| Thank you Seth Neeley              |                                |
| 14/                                |                                |
| - All                              | Art of Inc. File               |
|                                    | LTD Partnership File           |
|                                    | Foreign Corp. File             |
|                                    | L.C. File                      |
|                                    | Fictitious Name File           |
|                                    | Trade/Service Mark             |
|                                    | Merger File                    |
|                                    | Art. of Amend. File            |
|                                    | RA Resignation                 |
|                                    | Dissolution / Withdrawal       |
|                                    | Annual Report / Reinstatement  |
|                                    | Cert. Copy                     |
|                                    | Phuto Copy                     |
|                                    | Certificate of Good Standing   |
|                                    | Certificate of Status          |
|                                    | Certificate of Fictitious Name |
|                                    | Corp Record Search             |
| ,                                  | Officer Search                 |
|                                    | Fictitious Search              |
| Signature                          | Fictitious Owner Search        |
| Signature                          | Vehicle Search                 |
|                                    | Driving Record                 |
| Requested by: SETH                 | UCC 1 or 3 File                |
| <del></del>                        | UCC 11 Search                  |
| Name Date Time                     | UCC 11 Retrieval               |
| Walk-In Will Pick Up               | Courier                        |

#### **Articles of Conversion**

For

#### "Other Business Entity"

Into

Ó

#### 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.

| COAN INVESTMENTS, 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)   |
| 07/02/1996<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:  COAN INVESTMENTS, LLC  |
| (Enter Name of Florida Limited Liability Company)   |
| 4. If not effective on the date of filing, enter the effective date:  November 1, 2023  |
| (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 24 day of October   | 20 23  |
|---|--|
| Signature of Authorized Representative of Limit   | ted Liability Company:   |
| Signature of Authorized Representative: Printed Name: RICARDO A. DEL CUETO                                | Title: Authorized Representative                               |
| Signature(s) on behalf of Other Business Entity:  | See below for required signature(s)                            |
| Signature:  |  |
| Printed Name: RICARDO A. DEL CUETO  | Title: Vice President  |
| Signature:  |  |
| Printed Name:   | Title:   |
| Signature:  |  |
| Printed Name:   | I itle:  |
| Signature: Printed Name:  | Title  |
|   |  |
| Signature: Printed Name:  | Title:   |
|   |  |
| Signature: Printed Name:  | Title:   |
| If Florida Corporation:   |  |
| Signature of Chairman, Vice Chairman, Director, or G  |  |
| If Directors or Officers have not been selected, an Inc   | corporator must sign.  |
| If Florida General Partnership or Limited Liabilit<br>Signature of one General Partner.                   | ty Partnership:  |
| If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.             | y Limited Partnership:   |
| All others: Signature of an authorized person.  |  |
| Fees:   |  |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) |

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| co  | AN INVESTMENTS, LLC  |   |
|---|--|---|
| (Must contain the words "Limite   | d Liability Company, "L.L.C.," or "L.L.C.")  |   |
| ARTICLE II - Address:   |  |   |
| The mailing address and street address of   | of the principal office of the Limited Liability Co  | ompany is:  |
| Principal Office Address:   | Mailing Address:   |   |
| 11767 S. DIXIE HIGHWAY, #290  | 11767 S. DIXIE HIGHWAY, #290   |   |
| PINECREST, FLORIDA 33156  | PINECREST, FLORIDA 33156   |   |
|   |  |   |
| ARTICLE III - Registered Agent, Reg   | gistered Office, & Registered Agent's Signatu  | ire:  |
| business entity with an active Florida registration.)   | own Registered Agent. You must designate an individual or another  | ther  |
| The name and the Florida street address   | of the registered agent are:   | • •   |
|   |  | * 1   |
| Palmer Palmer and A   | Janaiara   | ".)   |
| Palmer, Palmer and M  | Name   | ے د   |
| -   | Name   |   |
| 12790 South Dixle Hk  | Name<br>ghway  | 9 / /<br>9 .  |
| 12790 South Dixle Hk  | Name ghway ss (P.O. Box <u>NOT</u> acceptable)   |   |
| 12790 South Dixle His<br>Florida street addre<br>Miami  | Name ghway ess (P.O. Box <u>NOT</u> acceptable) FL 33156   | 9 71 9:3  |
| 12790 South Dixle His<br>Florida street addre<br>Miami<br>City  | Name girway ess (P.O. Box <u>NOT</u> acceptable) FL 33156 Zip  | 9 71 9:35   |
| 12790 South Dixle High Florida street address Miami  City  Having been named as registered ages   | Name  gitway  ess (P.O. Box <u>NOT</u> acceptable)  FL 33156  Zip  nt and to accept service of process for the above :   | Stated limited  |
| 12790 South Dixle His Florida street addre  Miemi  City  Having been named as registered ages liability company at the place designed registered agent and agree to act in the  | Name  ghway  ess (P.O. Box NOT acceptable)  FL 33156  Zip  Int and to accept service of process for the above and the interest of the service | stated limited introductions of all                     |
| 12790 South Dixle His Florida street addres Miaml  City  Having been named as registered ages liability company at the place desig registered agent and agree to act in the statutes relating to the proper and co  | Name  gtway  288 (P.O. Box NOT acceptable)  FL 33156  Zip  Mt and to accept service of process for the above a compared in this certificate, I hereby accept the appoint capacity. I further agree to comply with the promplete performance of my duties, and I am family  | stated limited vintment as ovisions of all far with and |
| 12790 South Dixle His Florida street addres  Miaml  City  Having been named as registered ages liability company at the place desig registered agent and agree to act in the statutes relating to the proper and co   | Name  ghway  ess (P.O. Box NOT acceptable)  FL 33156  Zip  Int and to accept service of process for the above and the interest of the service | stated limited vintment as ovisions of all far with and |
| 12790 South Dixle His Florida street addres Miaml  City  Having been named as registered ages liability company at the place desig registered agent and agree to act in the statutes relating to the proper and co  | Name  gtway  288 (P.O. Box NOT acceptable)  FL 33156  Zip  Mt and to accept service of process for the above a compared in this certificate, I hereby accept the appoint capacity. I further agree to comply with the promplete performance of my duties, and I am family  | stated limited vintment as ovisions of all far with and |
| 12790 South Dixle His Florida street address  Miami  City  Having been named as registered agest liability company at the place design registered agent and agree to act in the statutes relating to the proper and confidence accept the obligations of my position. | Name  gtway  288 (P.O. Box NOT acceptable)  FL 33156  Zip  Mt and to accept service of process for the above a compared in this certificate, I hereby accept the appoint capacity. I further agree to comply with the promplete performance of my duties, and I am family  | stated limited vintment as ovisions of all far with and |

(CONTINUED)

#### ARTICLE IV-

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

| <u>[itle:</u>   | Name and Address:   |
|---|---|
| AMBR" = Authorized Member<br>MGR" = Manager   |   |
| MGR — Manager<br>MGR  | LIRIC LLC   |
|   | 251 Little Falls Drive  |
|   | Wilmington, DE 19808  |
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| Use attachment if necessary)  |   |
| Use attachment if necessary)  |   |
| •   |   |
| E V: Other provisions, if any.  | Effective November 1, 2023  |
| E V: Other provisions, if any.  | Effective November 1, 2023  |
| E V: Other provisions, if any.  | Effective November 1, 2023  |
| LE V: Other provisions, if any.   | Effective November 1, 2023  |
| E V: Other provisions, if any.  | Effective November 1, 2023  |
| LE V: Other provisions, if any.   | Effective November 1, 2023  |
| LE V: Other provisions, if any.   | Effective November 1, 2023  |
| REQUIRED SIGNATURE:   | 2   |
| REQUIRED SIGNATURE:  Signature of a member or   | an authorized representative of a member  |
| Signature of a member or This document is executed in accordance any false information submitted in a document.                                   | 2   |
| Signature of a member or  | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am awar   |
| Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am awarment to the Department of State constitutes a third degree |
| Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. 1 am awar   |