1330948084

| (Requ | uestor's Name) | |
|---------------------------|------------------|-------------|
| (Addr | ess) | <u> </u> |
| | | |
| (Addr | ess) | |
| (City/ | State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | iness Entity Nar | me) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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T. MATTHEMS
DEC 13.

COVER LETTER

| TO: | New Filing S Division of C | | | | |
|----------------|--|---|---------------------------------------|--------------------------|--|
| CHD | JECT: | • | | | |
| SUB | JEC1: | (Name of Res | ulting Florida Limi | ed Com | pany) |
| The e Busin | nclosed Article | s of Conversion, Artic a "Florida Limited Li | les of Organizati ability Company | on, and | d fees are submitted to convert an "Othe ecordance with s. 605.1045, F.S. |
| Please | e return all corr | espondence concerning | g this matter to: | | |
| FILING | 3 SUPPORT | | | | |
| | | (Contact Person) | | - | |
| Regist | ered Agents Inc | | | | |
| _ | _ | (Firm/Company) | | - | |
| 7901 4 | 4th St N STE 300 | | | | |
| | | (Address) | | - | |
| St. Pe | tersburg, FL 33702 | ! | | | |
| | | City, State and Zip Code) | | - | |
| fifilings | s@registeredagent | sinc.com | | | |
| E- | mail Address: (to b | e used for future annual re | port notifications) | - | |
| For fo | urther informati | on concerning this ma | tter, please call: | | |
| FILING | G TEAM | | at (307 |) 200 |)-2803 |
| | (Name of Conta | act Person) | (Area Code) | (Day | time Telephone Number) |
| | | or the following amou a bank located in the | | rocess | ed by this office must be payable in US |
| (\$25 fo | 50.00 Filing Fees or Conversion 5 for Articles (anization) | S155.00 Filing Fees and Certificate of Status | ☐\$180.00 Filing and Certified Cop | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| | Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee. | ection Corporations 7 | | New I Divisi The C | Address: Filing Section on of Corporations fentre of Tallahassee N. Monroe Street, Suite 810 |

Tallahassee, 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: Joe Cool Cigar LLC / M23000007659 |
|--|
| (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 Nevada |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| On 12/08/2022 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| Joe Cool Cigar 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 9 day of October | _ 20 <u>23</u> |
|---|--|
| Signature of Authorized Representative of Limit | ted Liability Company: |
| Signature of Authorized Representative: | |
| Signature(s) on behalf of Other Business Entity: | See below for required signature(s) |
| Signature: | 2.1 |
| Printed Name: | |
| Signature:Printed Name: | Title: |
| Signature:Printed Name: | |
| Printed Name: | Title: |
| Signature: | 7".1 |
| Printed Name: | Title: |
| Signature:Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc | |
| <u>If Florida General Partnership or Limited Liabilit</u> Signature of one General Partner. | ty Partnership: |
| If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners. | |
| All others: Signature of an authorized person. | |
| Fees: | |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| (Must | | The Commence of I C " or "I I C ") |
|---|---|---|
| | t contain the words "Limited Elai | oility Company, "L.L.C.," or "L.L.C.") |
| ARTICLE II - Add The mailing address | Iress: and street address of the | principal office of the Limited Liability Company is: |
| Principal Office Ac | ddress: | Mailing Address: |
| 34990 Emerald Coast P | arkway Suite 386 | 34990 Emerald Coast Parkway Suite 386 Destin FL 32541 |
| (The Limited Liability Cor business entity with an ac | mpany cannot serve as its own Retive Florida registration.) | red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another |
| ARTICLE III - Re (The Limited Liability Cor- business entity with an ac The name and the F | mpany cannot serve as its own Rective Florida registration.) lorida street address of the | red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another |
| ARTICLE III - Re (The Limited Liability Cor- business entity with an ac The name and the F | inpany cannot serve as its own Retive Florida registration.) lorida street address of the Registered Agents Inc. | red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another |
| ARTICLE III - Re (The Limited Liability Cor- business entity with an ac The name and the F | inpany cannot serve as its own Retive Florida registration.) lorida street address of the Registered Agents Inc. | red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are: |
| ARTICLE III - Re (The Limited Liability Cor- business entity with an ac The name and the F | inpany cannot serve as its own Retive Florida registration.) Florida street address of the Registered Agents Inc. No. 7901 4th St N STE 300 | red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are: |
| ARTICLE III - Re (The Limited Liability Cor- business entity with an ac The name and the F | inpany cannot serve as its own Retive Florida registration.) Florida street address of the Registered Agents Inc. No. 7901 4th St N STE 300 | red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are: |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Gailey, Christopher MGRM 34990 Emerald Coast Parkway Suite 386 Destin FL 32541 (Use attachment if necessary) **ARTICLE V:** Other provisions, if any. REQUIRED SIGNATURE: Rollin Joney 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. Robin Jones Typed or printed name of signee

Filing Fees