L23000549099

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



800420229988

10/27/23--01010--004 ++150.00



COVER LETTER

| TO: New Filing Sec Division of Co | | | | |
|--|--|--------------------------------------|---------|---|
| SUBJECT: LLG Oppo | ortunities, LLC | | | |
| Beblied I. | (Name of Res | ulting Florida Linu | ied Con | ppany) |
| | | | | d fees are submitted to convert an "Other reordance with s. 605.1045, F.S. |
| Please return all corre | spondence concerning | g this matter to: | | |
| Richard W. Andrews | | | | |
| | (Contact Person) | | - | |
| Tuggle Duggins P.A. | | | | |
| | (Firm/Company) | | - | |
| P.O. Box 2888 | | | | |
| | (Address) | | _ | |
| Greensboro, NC 27402 | | | | |
| (C | ity, State and Zip Code) | - | - | |
| randrews@tuggleduggii | ns.com | | _ | |
| E-mail Address; (to be | used for future annual re | port notifications) | | |
| For further informatio | n concerning this ma | tter, please call: | | |
| Richard W. Andrews | | at (336 | 271-5 | 5219 |
| (Name of Contac | t Person) | (Area Code) | (Day | 5219 time Telephone Number) |
| Enclosed is a check fo dollars and drawn on a | | | rocess | ed by this office must be payable in US |
| S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | ☐S155.00 Filing Fees and Certificate of Status | □S180.00 Filing and Certified Cop | | ☐SYS5.00 Filing Fees, Certified Copy, and Certificate of Status |
| Mailing Addre | | | | Address: |
| New Filing Sec Division of Co | | | | Filing Section |
| P.O. Box 6327 | | | | on of Corporations fentre of Tallahassee |
| Tallahassee, Fl | | | | N. Monroe Street, Suite \$10 |

Tallahassee, FL 32303

Articles of Conversion For

"Other Business Entity"

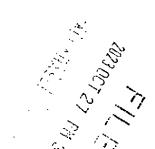
Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

| (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. |
| (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) |
| July 15, 2022 (date of organization, formation or incorporation) |
| (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| LLG Opportunities, 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 abdocument'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 24th day of October | 20 <u>23</u> |
|--|--|
| Signature of Authorized Representative of Lim | |
| Signature of Authorized Representative: | Drug |
| Printed Name: Samuel Lower | |
| Signature(s) of behalf of Other Business Entity: Signature: | See below for required signature(s) |
| Signature: Printed Name: Samuel Lower | Title: Manager |
| | |
| Signature:Printed Name: | Title: |
| Signature Printed Name: | m.s |
| | |
| Signature:Printed Name: | Title: |
| | |
| Signature Printed Name: | Title: |
| Signature:Printed Name: | |
| Printed Name: | Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or | Officer. |
| If Directors or Officers have not been selected, an Inc | |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: |
| If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. | ty 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 \$125.00 \$30.00 (Optional) \$5.00 (Optional) |

1000 PM 345

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| LLG Opportunities, LLC | |
|---|--|
| | ted Liability Company, "L.L.C.," or "LLC.") |
| | |
| ARTICLE II - Address: | |
| ARTICLE II - Address: The mailing address and street address | of the principal office of the Limited Liability Company |
| The mailing address and street address | |
| | of the principal office of the Limited Liability Company <u>Mailing Address:</u> |
| The mailing address and street address | |

The name and the Florida street address of the registered agent are:

business entity with an active Florida registration.)

| Northwest Registered Age | ent, ELC |
|--------------------------|--------------------------|
| !N | lame |
| 7901 4th St N. Suite 300 | |
| Florida street address (| P.O. Box NOT acceptable) |
| St. Petersburg | _{FL} 33702 |
| City | Zip |

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

1030CT 7 PM 345

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

| <u>Title:</u> | Name and Address: |
|----------------------------------|--|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| MGR | Samuel Lower |
| | 7792 Navarre Sea Hawks Ln |
| | Navarre, FL 32566 |
| MGR | Sarah Lower |
| | 7792 Navarre Sea Hawks Ln |
| | Navarre, FL 32566 |
| | 11414110,112 02000 |
| | |
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| | |
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| | |
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| | |
| | ************************************** |
| (Use attachment if necessary) | |
| (Ose attachment if necessary) | |
| OLE V. O.L | |
| CLE V: Other provisions, if any. | |
| | |
| | |
| REQUIRED SIGNATURE: | 41 |
| | |
| | (\ Y) (\ , , , , , ,) |

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.

Samuel Lower

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)