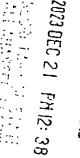
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Account#: 120000000088

Date:12/	21/2023	
Name:		<u> </u>
Reference #:	2217126	
		AGROW PRO, LLC
✓ Articles of	Incorporation/Author	rization to Transact Business
☐ Amendme	ent	
Change o	f Agent	
Reinstate	ment	
✓ Conversion	n	
Merger		
☐ Dissolutio	n/Withdrawal	
☐ Fictitious	Name	
Other		
Authorized Amou	int:\$150	00
Signature:	Juliana Proestia	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:12/2	21/2023	
Name:		
	2217126	
		AGROW PRO, LLC
Articles of	Incorporation/Autho	orization to Transact Business
☐ Amendmer	nt	
☐ Change of	Agent	
Reinstatem	nent	
✓ Conversion	1	
☐ Merger		
☐ Dissolution	Withdrawal	
☐ Fictitious N	ame	
Other	1844-177-181	
Authorized Amoʻui	nt: \$150 .	00
Signature:	uliana Prestia	

F: 800,944.6607

F: +852.2682.9790

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: Agrow Pro Inc. (P12000008070)
(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
January 23, 2012 on .
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: Agrow Pro, 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 215t day of December	20 23
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: 2	हिं।8विशिद्धः Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Williams Hotchings	Tista: 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, Director, or If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	tv raithersmp.
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
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

Agrow Pro, LLC	<u>-</u>		
(Mus	et contain the words "Limited Liab	oility Company, "L.L.C" or "LLC.")	
ARTICLE II - Add The mailing address		principal office of the Limited Liabil	ity Company is:
Principal Office Ac	ddress:	Mailing Address:	
1339 Kavie Court		1339 Kavie Court	
Green Cove Springs.	Florida 32043	Green Cove Springs, Florida 32043	
(The Limited Liability Cor- business entity with an ac		red Office, & Registered Agent's Significated Agent. You must designate an individual are registered agent are:	
(The Limited Liability Corbusiness entity with an action of the Family and the Family Corbus	mpany cannot serve as its own Rective Florida registration.)	gistered Agent. You must designate an individual	
(The Limited Liability Corbusiness entity with an action of the Family and the Family Corbus	mpany cannot serve as its own Rective Florida registration.) lorida street address of the William K. Hutchings	gistered Agent. You must designate an individual	
(The Limited Liability Corbusiness entity with an action The name and the F	mpany cannot serve as its own Rective Florida registration.) lorida street address of the William K. Hutchings	gistered Agent. You must designate an individual are registered agent are:	
(The Limited Liability Corbusiness entity with an action The name and the F	mpany cannot serve as its own Restive Florida registration.) lorida street address of the William K. Hutchings Na	gistered Agent. You must designate an individual are registered agent are:	
(The Limited Liability Corbusiness entity with an action The name and the F	mpany cannot serve as its own Restive Florida registration.) lorida street address of the William K. Hutchings Na	gistered Agent. You must designate an individual of the registered agent are:	
(The Limited Liability Corbusiness entity with an action The name and the F	mpany cannot serve as its own Rective Florida registration.) lorida street address of the William K. Hutchings Na 5641 Dianthus Street Florida street address (P	gistered Agent. You must designate an individual of the registered agent are: me conditions and the second acceptable.	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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	
MGR	William K. Hutchings
	5641 Dianthus Street
	Green Cove Springs, Florida 32043
(Use attachment if necessary)	
(Ose attachment it necessary)	
LE V: Other provisions, if any.	
2212 V. Other provisions, if any.	
-	
 	
DECHIDED SIGNATURE.	
REQUIRED SIGNATURE:	
E02BD969E18D41B	· · · · · · · · · · · · · · · · · · ·

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.

William K. Hutchings, as 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)