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COVER LETTER

Division of Corporations	
SUBJECT: MWA equisition Company, Le	ed Company)
The enclosed Articles of Conversion, Articles of Organization Business Entity" into a "Florida Limited Liability Company"	
Please return all correspondence concerning this matter to:	
Tirzah Woodward (Contact Person)	
(Firm/Company)	
12936 Broleman Rd (Address)	
Orlando, FL 32832 (City, State and Zip Code)	
E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
Trzah Woodward at (209 (Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks produlars and drawn on a bank located in the United States)	rocessed 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 Filing I and Certified Copy Status	Fees S185.00 Filing Fees, Certified Copy, and Certificate of Status
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: MW / Laguis Hon Company, L.C. (Enter Name of Other Business Entity)
(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
on 2/7/2020 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
MW Acquisition, LLC, (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: Avgust 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.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
MW Acquisition, LLC (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Lia	bility Co	mpany is:
Principal Office Address:	Mailing Address:		
1317 Edgewater Drive Suite 8020, Orlando FL 32804	1317 Edgewater Prin Suite 3020, Orlando 328	ve, 1 FL 04	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's cred Agent. You must designate an individ	Signatui lual or anoth	re: _{eer}
The name and the Florida street address of the re	egistered agent are:		
Tirzah Woodwar Name	-d		
<u>12936 Brolema</u> Florida street address (P.O.	Box <u>NOT</u> acceptable)		
<u>Orlando</u> City	FL 32 832		
City	Zip		
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capact statutes relating to the proper and complete p accept the obligations of my position as reg	this certificate, I hereby accept to ity. I further agree to comply wit performance of my duties, and I a	the appoin th the pro um familia	ntment as visions of all ar with and
Registered Agent's Sign	nature (REQUIRED)		20 23 SE.

(CONTINUED)