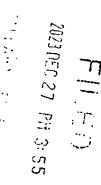
# L24000030121

(Requ	estor's Name)	
(Addr	ess)	<del></del>
(Addr	ess)	
(Civi)	State/Zip/Phone #)	
(On you	State/Zip/i floric #/	
PICK-UP	WAIT	MAIL
(Busin	ness Entity Name)	
(Docu	iment Number)	<del></del>
Certified Copies	Certificates o	of Status
Special Instructions to Filing	Officer:	
	,	
Wa4-6	2 404	
Wa4-6 Wa4-	36/	





300420632113







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

Account#: I20000000088

Date:	01/11/2024	
Name:	Xavian	<u>.</u>
Reference	e #: <b>2219753</b>	_
Entity Nar	me:SKYBOARI	ACQUISITIONS
<b>√</b> Art	ticles of Incorporation/Authorization	to Transact Business
Am	nendment	
☐ Ch	ange of Agent	
☐ Re	instatement	
<b>⊘</b> Co	nversion	
□ Ме	erger	
☐ Dis	ssolution/Withdrawal	
☐ Fic	ctitious Name	
☐ Otl	herPlease re	etain original file date
Authorize	d Amount: 150.00	
Signature		

#### **COVER LETTER**

TO:	New Filing S Division of C					
SURJ	JECT:	Skybo	ard A	cquisitio	ns LLC	;
оор		(Name of Res	ulting F	lorida Lim	ited Com	npany)
						d fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernin	g this r	natter to:		
		Melanie Fagan				
		(Contact Person)			_	
	Barn	es & Thornburg, LLI	Þ			
		(Firm/Company)			_	
	One No	rth Wacker Dr, Ste 4	400			
		(Address)	•		-	
	C	Chicago, IL 60606				
	((	City, State and Zip Code)	-		-	
E-r	nail Address: (to b	e used for future annual re	port not	ifications)	-	
For fu	ırther informati	on concerning this ma	tter, pl	ease call:		
	Melan	ie Fagan	at (	312	1	214-5667
	(Name of Conta	ict Person)			(Day	time Telephone Number)
		or the following amou a bank located in the			process	ed by this office must be payable in US
(\$25 fc & \$125	50.00 Filing Fees or Conversion 5 for Articles anization)	\$155,00 Filing Fees and Certificate of Status		80.00 Filing Pertified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7			New I Divisi The C 2415 l	E Address: Filing Section fon of Corporations Fentre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

## **Articles of Conversion**

For

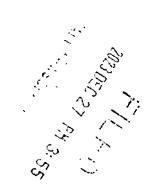
### "Other Business Entity"

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" immedia Skyboard Acquisitions	ately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Bu	
2. The "Other Business Entity" is a	limited liability company d partnership, general partnership, common law or business trust, etc.)
(Enter entity type. Example: corporation, limite	d partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the law	vs of(Enter state, or if a non-U.S. entity, the name of the country)
	(Enter state, or if a non-U.S. entity, the name of the country)
on August 22, 2011 (date of organization, formation or incorporation)	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Compa	ny as set forth in the attached Articles of Organization:
Skyboard Acquisitions	LLC
(Enter Name of Florida Limited Li	ability Company)
4. If not effective on the date of filing, enter the effective	December 31, 2023eipt or filed date nor more than 90 calendar days after
(The effective date: Cannot be prior to date of rece	eipt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Department	artment of State.)
Note: If the date inserted in this block does not meet the application document's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approved in accor	dance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed which such members are entitled under ss. 605.1006	d to pay any members having appraisal rights the amount to and 605.1061-605.1072, F.S.



Signed t	his27	n day of	De cember	20	2023 .
Signatu	re of Au	thorized Repres	sentative of Lin	ited Lia	bility Company:
C:		norized Represer		MT1. C	llfuld ##
Printed 3	re or Auu Name:	Robert D.	ntatiive:Oldfeld III	Title	Authorized Representative
rintear	vaine			— ' ''(ic.	Munorized
Signatu	reis) on h	that of Other I	Business/Futity:	See bel	ow for required signature(s)
Signatur	e: M	futt). Ole	yeard the	-	
Printed ?	Name:	Robert D.	Oldfield III	Title:	Authorized Representative
				***	
Printed l	Name:			Title:	
Cianatur					
Printed !	Vame:			Title	
Timea	vaine	<del></del>		`````	
Signatur	re:			<del></del> -	
Printed i	Name:			Title:	
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Printed 1	Name:			little:	
Cianatu	<b>~</b> 3 ·				
I filliou a	. чанс				
If Florie	da Corpo	ration:			
			man, Director, o		
If Direct	tors or Of	ficers have not be	een selected, an l	ncorporat	or must sign.
If Florid	da Gener	<u>al Partnership o</u> General Partner.	or Limited Liabi	lity Parti	nership:
Signatui	e or one c	Jeneral Partner.			
				li <u>ty</u> Limi	ted Partnership;
Signatui	res of ALI	<u>L</u> General Partne	rs.		
All othe Signatur		nthorized person.			
Fees:					
	Articles o	f Conversion:		\$25.0	0
		Florida Articles	of Organization:	<b>\$12</b> 5.	
	Certified		<b>.</b>		0 (Optional)
		e of Status:			(Optional)

100 F/ F/355

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Skyboard Acquis	sitions LLC		
(Mus	st contain the words "Limited Liabil			
ARTICLE II - Add The mailing address	dress: s and street address of the p	principal of	fice of the Limited Li	ibility Company is:
Principal Office A	ddress:	Mailing	Address:	
	Beach Road	92	20 Bonita Beach Ro	ad
	te 200		Suite 200	25
Bonita Sprir	ngs, FL 34135		nita Springs, FL 341	35
	lorida street address of the Robert D. C	Oldfield III		DEC 2
	Nam	ic		27
	9220 Bonita Beach	Road, Su	uite 200	PH 3:55
	Florida street address (P.C	). Box <u><b>NO</b></u>	$\underline{\Gamma}$ acceptable)	: : :
			34135	S
	Bonita Springs	[1],		
	Bonita Springs City	[-],	Zip	

(CONTINUED)

ARTICLE IV-
-------------

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Scott, Black, Inc.  9220 Bonita Beach Rd, Ste 200  Bonita Springs, FL 34135
	2023 D
	2023 DEC 27 P
(Use attachment if necessary)	PH 3: 55
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE	A Nall H

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 \$.817.155, F.S.

Robert D. Oldfield III, President of Sole Member

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)