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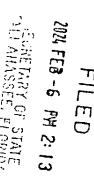
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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02/06/24--01005--025 **185.00



COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Zienstone Holdin (Name of Resulting Flo	orida Limited Company)
The enclosed Articles of Conversion, Articles of O Business Entity" into a "Florida Limited Liability C	rganization, and fees are submitted to convert an "Other Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this ma	atter to:
Jennifer Morrisett, me (Contact Person)	mber
Zionstone Holdings, L	1
1520 Oak Forest Dr. (Address)	
Ormand Beach FL (City, State and Zip Code)	32174 1 ann
E-mail Address: (to be used for future annual report notifi	cations)
For further information concerning this matter, plea	ise call:
Jenniter Morrisett at (A) (Name of Contact Person)	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All dollars and drawn on a bank located in the United S	checks processed by this office must be payable in US states)
	1.00 Filing Fees atified Copy Certified Copy, and Certificate of Status DS185.00 Filing Fees. Ck. # 1210 DS185.00 Filing Fees. Ck. # 1210
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: 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 <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: 2ionstone + blaings L C EIN 416-4820454 (Enter Name of Other Business Entity)
(Enter Name of Other Business Entry)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of <u>To xas</u> <u>Constroller File</u> # (Enter state, or if a non-U.S. entity, the name of the country) on <u>February 12, 2014</u> . (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
2 ion Stone Holding LL (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: February 14, 2024 (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.
MREB-6 PH 2:13

Signed this 31 day of January	20 24
Signature of Authorized Representative of Lir	
Signature of Authorized Representative: Printed Name: Samue Mccisett	Tille: member
Signature(s) on behalf of Other Business Entity:	
Signature Anniel Morrise Thorrise Thorrise The	
	Title: Menber
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, of If Directors or Officers have not been selected, an I	
If Florida General Partnership or Limited Liabi	ility Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

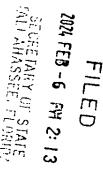
Signatures of ALL General Partners.

All others: Signature of an authorized person.

Fees:

Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00

Certified Copy: \$30.00 (Optional) \$5.00 (Optional) Certificate of Status:



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
Zionstone Holdings LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Cor	npany	y is:
Principal Office Address: Mailing Address:		
1520 Oak Forest Dr. 1520 Oak Forest Dr. Ormand Beach, FL 32174 Beach, FL		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatur (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or anothe business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are: NoTARY HUT, LLC Name	-6 P¥	FILED
Hool E Moody BLVD, SUITE ES Florida street address (P.O. Box NOT acceptable)	2:13	

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..

Registered Agent's Signature (REQUIRED)

City

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Samuel Morrisett 1520 Oak Forest Dr. Ormand Beach, FL 321
AMER	Jennifer Morrisett 1520 Oak Forest Dr Ormond Beach, FL 32
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
•	1eAt
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware the degree feloment to the Department of State constitutes a third degree feloment.
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document approvided for in s.817.155, F.S.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am aware tl

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

ARTICLE IV-

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:
Zionstone Holdings, LLC EIN 46-4820454
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of To xas (Comptoller File # (Enter state, or if a non-U.S. entity, the name of the country)
on February 12, 2014. (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: February 14, 2024 (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 31 day of January	20 24 .
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Samuel Morrisett	Title: men bes
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature printed morrise H	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the If Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability	corporator must sign.
Signature of one General Partner,	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

Zionestone Holdings Limited Liability Company, "L.L.C.," or "LLC.")

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name:

The name of the Limited Liability Company is:

	Mailing Address:
Principal Office Address:	1520 Oak Forest Dr.
1520 Oak Forest Dr. Ormond Beach, FL	Ormand Beach, FL 32174
3/11-1-	A Office & Registered Agent's Signature:
(The Limited Liability Company)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	ne registered agent arc.
The name and man	HILT LLC
NOTAKT N	MUT, LLC ame
	and ES
4601 E MC	BODY BLVD . SUITE CO
Florida street address ((P.O. Box NOT acceptable)
<u>Bunnell</u> City	FL <u>32/10</u> Zip
Having been named as registered agent of liability company at the place designate registered agent and agree to act in this constant to the proper and compacted accept the obligations of my position	and to accept service of process for the above stated limited ited in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S
Registered Agent	's Signature (REQUIRED)

(CONTINUED)

Titles	Name and A.D
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
Ambr_	Samuel Morrisett
	1520 Oak Forest Dr. Ormand Beach, FL 321
Δ	1 0
EMBR.	Jenniter Marrisett
	1520 Oak Forest Dr.
	
	-
/T	
(Use attachment if necessary)	
(Use attachment if necessary) CLE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
LE V: Other provisions, if any.	eAt.
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance of	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance of	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance of any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the nent to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance of any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the nent to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance of any false information submitted in a document as provided for in s.817.155, F.S. Samuel Morris Typ	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the

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

ARTICLE IV-