LZYWOYOYOI

| (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: |
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| |

Office Use Only



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POSECUELYST OF STATE



Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 3/26/2024

PRIORITY Regular Approval

OUR REF.#_(Order ID#) 1241598

ORDER ENTITY

WISE COATINGS FRANCHISES LLC

850-245-6051

| WISE COATINGS FRANCHISES LLC (FL) | | 750 | · .3 | |
|---|-----------------------------------|-------|-----------|----|
| File the attached conversion and subsquent articles of orga | anization and provide a certified | LAIIA | 92 8415°E | |
| NOTES: \$180.00 Authorized | | . (C) | | 77 |

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, March 26, 2024 Page 1 of 1

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: Wise Coatings Franchises LLC |
|--|
| (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 |
| |
| April 13, 2021 |
| on |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| Wise Coatings Franchises LLC |
| 4. If not effective on the date of filing, enter the effective date: (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. |
| 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. |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 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 15 da | y of March | 20 <u>24</u> . | | |
|--|-------------------------|---|--------------|-----|
| Signature of Authorized | Representative of L | imited Liability Company: | | |
| Signature of Authorized I | Eich Representative: | ny100.de | | |
| Printed Name: Whitney Wi | nite | ભુભિત્વીર Title: <u>M</u> anager | | |
| Signature(s) on behalf of | Other Business Entit | y: See below for required signature(s) | | |
| Signature: Whitney W | l.Oc | | | |
| Printed Name: Whitney W | hite | Title: Manager | _ _ | |
| Signature: | | Title: | _ | |
| Printed Name: | | Title: | _ | |
| Signature: | | Title: | _ | |
| | | | | |
| Signature: | | Title: | _ | |
| | | | | |
| Printed Name: | | Title; | - | |
| Signature: | | | | |
| Printed Name: | | Title: | _ | |
| If Florida Corporation: | | | | |
| Signature of Chairman, Vi If Directors or Officers has | | | AG 3 | |
| If Florida General Partn | ershin or Limited Lia | hility Partnership | | 5 |
| Signature of one General I | | somey ractives and | TALLAHA | t . |
| If Florida Limited Partne Signatures of <u>ALL</u> Genera | | bility Limited Partnership: | SSEE, F | |
| All others: Signature of an authorized | person. | | ATE | |
| Fees: | | | | |
| Articles of Conve | rsion: | \$25.00 | | |

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|---|---|
| The name of the Limited Liability Comp | pany is: |
| Wise Coatings Franchises LLC | |
| | d Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street address of | f the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 108 Commerce St., Suite 105 | 108 Commerce St., Suite 105 |
| Lake Mary, FL 32746 | Lake Mary, FL 32746 |
| | gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another |
| The name and the Florida street address | of the registered agent are: |
| Whitney White | |
| | Name SEC. |
| 108 Commerce St., S | uite 105 |

Lake Mary

City

Zip

The 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)

Florida street address (P.O. Box NOT acceptable)

(CONTINUED)

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 | Whitney White | |
| | 108 Commerce St., Suite 105 | |
| | Lake Mary, FL 32746 | |
| MGR | Brandon Vaughn | |
| MOIX | 108 Commerce St., Suite 105 | |
| | Lake Mary, FL 32746 | |
| | | |
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| (Use attachment if necessary) | | |
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| CLEV OF THE 18 | | |
| CLE V: Other provisions, if any. | | TA TA |
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| REQUIRED SIGNATURE: | | SSI ? |
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| | r an authorized representative of a more with section 605.0203 (1) (b), Florida Statuto | |
| | ument to the Department of State constitutes a | |
| 140 to 140 to | | |
| Whitney White | | |

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)