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

TO:	New Filing S Division of C					
SUBJ	JECT: Spooky	Funding, LLC				
., .,			sulting	g Florida Limit	ed Cor	mpany)
The e Busin	nclosed Article less Entity" into	s of Conversion, Artic a "Florida Limited L	les o iabili	f Organizati ty Company	on, an '' in a	nd fees are submitted to convert an "Other ecordance with s. 605,1045, F.S.
Please	e return all corr	espondence concernin	g thi:	s matter to:		
Randy	y Rohner					
		(Contact Person)	_			
••		(Firm/Company)		· · · · · · · · · · · · · · · · · · ·		
15W7	36 83rd Street					
		(Address)				
Burr F	Ridge, IL 60527					
	. ((City, State and Zip Code)				
Randy	√@SpookyBever	ages.com				
E-n	nail Address: (10 b	e used for future annual re	port n	otifications)		
For fu	orther informati	on concerning this ma	iter i	nlease call:		
	/ Rohner			630	0.40	4000
		- 13	_at () <u>842-</u>	
	(Name of Conta	ict rerson)		(Area Code)	(Day	time Telephone Number)
Enclo: dollar:	sed is a check f s and drawn on	or the following amou a bank located in the	nt: (7 Unite	All checks pi ed States)	ocess	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles mization)	☐\$155.00 Filing Fees and Certificate of Status		180.00 Filing Certified Copy		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add	ress:		:	Str <u>ee</u> t	Address:
	New Filing So			ì	New I	Filing Section
	Division of C	•				on of Corporations
	P.O. Box 632	1		•	The C	entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Conversion For "Other Business Entity"

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.

Spooky Craft Cocktails Funding, 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
(Enter state, or if a non-U.S. entity, the name of the country)
1/4/21 on
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Spooky Funding, 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.

Signed this 24th day of April	20 <u> 2 f</u>
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:	Rahma Title: Managing Member
Signature(s) on behalf of Other Business Entity:	
1	isee below for required signature(s)
Signature: R is Robins	
Signature: Randall Rohner Printed Name: Randall Rohner	Title: Managing Member
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	Tid
rimed Name.	Title;
Signature:	
Signature: Printed Name:	Title:
Signature: Printed Name:	Title
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	tu Dautaanskin.
Signature of one General Partner.	ty rarthership:
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others: Signature of an authorized person.	
organistic of all datastance person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	*	
The name of the Lim	ited Liability Company	y is:
0 1 5 11 110		
Spooky Funding, LLC		
(Must o	contain the words "Limited Lit	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addi	ress:	
The mailing address a	and street address of th	e principal office of the Limited Liability Company is:
Principal Office Add	dress:	Mailing Address:
9990 Coconut Road #3	3391	1333 Burr Ridge Parkway, Ste 200
Bonita Springs, FL 34	135	Burr Ridge, IL 60527
	_	
The name and the Flo	pany cannot serve as its own R ve Florida registration.) orida street address of the	ered Office, & Registered Agent's Signature: legistered Agent. You must designate an individual or another the registered agent are:
	N.	ame
9:	990 Coconut Road #339	1 c/o Spooky Beverages LLC
Ī	Florida street address (1	P.O. Box <u>NOT</u> acceptable)
В	onita Springs	FL ³⁴¹³⁵
	City	Zip
liability compan registered agent and statutes relating to	y at the place designate d agree to act in this ca) the proper and comple	nd to accept service of process for the above stated limited in this certificate. I hereby accept the appointment as pacity. I further agree to comply with the provisions of all etc performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S

(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	
Manager	Randall Rohner
	15W736 83rd Street
	Burr Ridge, IL 60527
Manager	Annamarie Rohner
	15W736 83rd Street
	Burr Ridge, IL 60527
Manager	Chris Heimerl
	4205 Heine Court
	Eagan, MN 55122
	-
(Use attachment if necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
KD Ro	lmy

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.

Randall Rohner

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)