L24000217081

(Reque	stor's Name)	
(Addres	(S)	
,	,	
(Addres	55)	
(City/St	ate/Zip/Phone #)	···
, ,	,	
PICK-UP	☐ WAIT	MAIL
(Busine	ss Entity Name)	
(Docum	ent Number)	
(Docum	ient (vaniber)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	g Officer:	





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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.

(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, commo		
(Enter entity type. Example: corporation, limited partnership, general partnership, commo	m law or b	usiness trust, etc.)
First organized, formed or incorporated under the laws of	name of t	he country)
5/16/19 on		·
(date of organization, formation or incorporation)		
3. The name of the Florida Limited Liability Company as set forth in the attached Arti Spooky Drinks, LLC	cles of C	Organization:
	,	
(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 9	0 calend	ar 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 document's effective date on the Department of State's records.	e will not l	oe listed as the
5. The plan of conversion has been approved in accordance with all applicable statutes.		
 The "Converted or Other Business Entity" has agreed to pay any members having apprais which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	al rights	the amount to
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Signed this 24th day of April	20 <u>2</u> 	
Signature of Authorized Representative of Li	mited Liability Company:	
Signature of Authorized Representative: APrinted Name: Randall Rohner	W Kolmy Title: Managing Member	_
Signature(s) on behalf of Other Bysiness Entity:	[[See below for required signature(s)]	
Signature: RW Rahm		
Printed Name: Randall Rohner	Title: Managing Member	
Signature:Printed Name:		
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, o	0.00	
If Directors or Officers have not been selected, an I	incorporator must sign.	
If Florida General Partnership or Limited Liabi	ility Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabi Signatures of <u>ALL</u> General Partners.	lity Limited Partnership:	
All others: Signature of an authorized person.		202
Fees:		2024 MAT 2
Articles of Conversion:	\$25.00	.:
Fees for Florida Articles of Organization:	\$125.00	. 21
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)	3: 5 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company	is:		
Spooky Drinks, LLC			
	ability Company, "L.L.C.," or "LLC.")		
ABTIGUE			
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limite	d Liability	Company is:
Principal Office Address:	Mailing Address:		
9990 Coconut Road #3391	1333 Burr Ridge Parkway,	Ste 200	
Bonita Springs, FL 34135	Burr Ridge, IL 60527		
			_
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	ered Office, & Registered Age egistered Agent. You must designate an	ent's Signa individual or a	iture: nother
The name and the Florida street address of the	he registered agent are:		
Randall Rohner			
N	ame		
9990 Coconut Road #339 ⁻	1 c/o Spooky Beverages LLC		
	P.O. Box <u>NOT</u> acceptable)		
Bonita Springs	FL ³⁴¹³⁵		
City	Zip		
Having been named as registered agent an liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d in this certificate, I hereby acc vacity. I further agree to compl ete performance of my duties, ar	cept the app ly with the p id I am fam	pointment as provisions of al iliar with and
_ RW Roh		JAi t	2024 Hat 2
Registered Agent's S	Signature (REQUIRED)	,	Ħ
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(CONT	INUED)		
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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)		2024 HA:
		;
TICLE V: Other provisions, if any.		; 1 ; N
		æ: ५
REQUIRED SIGNATURE:		- 0
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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 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)