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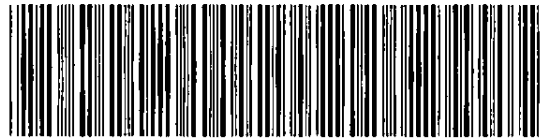
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360 Central Avenue

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September 3, 2024

*Sent via First Class Mail*

**New Filing Section**

**Division of Corporation**

**The Centre of Tallahassee**

**2415 North Monroe Street**

**Suite 810**

**Tallahassee, FL 32303**

**RE: Keivon Brands LLC**

Dear Secretary of State,

Enclosed are the **(i)** Articles of Conversion for "Other Business Entity" into a Florida Limited Liability Company, **(ii)** the Articles of Organization for Keivon Brands LLC, and **(iii)** check totaling **\$150** for the filing fees.

If there are any issues, please contact:

Name:	Kalpesh Patel
Firm:	FL Patel Law PLLC
Address:	360 Central Avenue, STE 800
City, State & Zip:	St. Petersburg, FL 33701
Phone:	727-279-5037
E-mail:	<a href="mailto:Support@flpatellaw.com">Support@flpatellaw.com</a>

Very Truly,

FL Patel Law PLLC

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TALLAHASSEE, FL

**ARTICLES OF CONVERSION**  
**FOR**  
**"OTHER BUSINESS ENTITY"**  
**INTO**  
**FLORIDA LIMITED LIABILITY COMPANY**

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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 Fla. Stat. § 605.1045.


1. The name of the "Other Business Entity" immediately prior to the filing of this Articles of Conversion is: Keivon Brands LLC
2. The "Other Business Entity" is a Limited Liability Company first organized under the laws of the State of Connecticut.
3. The "Other Business Entity" was formed on January 18, 2021.
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is: Keivon Brands LLC
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. This document becomes effective when the document is accepted and filed by Secretary of State.

Signed this August 29, 2024.

**Signature of the Authorized Representative of the Limited Liability Company:**

Signature:   
Keivon Jones, Manager

**Required Signatures on behalf of the Other Business Entity:**

Signature:   
Keivon Jones, Manager

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TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION**  
**FOR**  
**KEIVON BRANDS LLC**  
**A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I.**  
**Name**

The name of the Limited Liability Company is: Keivon Brands LLC (the "**Company**").

**ARTICLE II.**  
**Address**

The principal office and mailing address of the Company is:

90 Fort Wade, Suite 100  
Unit 1042  
Ponte Vedra, Florida 32081

**ARTICLE III.**  
**Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida Street Address of the Registered Agent are:

Keivon Jones  
90 Fort Wade, Suite 100  
Unit 1042  
Ponte Vedra, FL 32081

*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.*



(sign)

\_\_\_\_\_  
Keivon Jones

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**ARTICLE IV.**  
**Authorized Members and Managers**

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Keivon Jones 90 Fort Wade, Suite 100 Unit 1042 Ponte Vedra, Florida 32081

**ARTICLE V.**

The Effective date shall be the date of filing.

*Keivon Jones*

(sign)

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.

Keivon Jones

Authorized Representative/Member

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