U2400527686

| (Requestor's Name) |
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| (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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2014 BIG 20 PK 4: 55

CORPORATE ACCESS,

When you need ACCESS to the world



INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

| | PICK | UP: <u>MISTY 12/20</u> | 2024 |
|-----------------|---|------------------------|-------------|
| | | | |
| XX | CERTIFIED COPY | | |
| | РНОТОСОРУ | | |
| | CUS | | |
| XX | FILING | CONVERSION | |
| 1. | ALWAYS TRAVEL WITH CORPORATE NAME AND DOCUMENTS | H US, LLC MENT #) | |
| 2. | | | |
| | (CORPORATE NAME AND DOCU | MENT #) | |
| 3. | (CORPORATE NAME AND DOCU | MENT#) | |
| 4. | | AND STORES | <u> </u> |
| | (CORPORATE NAME AND DOCU | MU.NT #) | |
| 5. ₋ | (CORPORATE NAME AND DOCU | MENT#) | |
| 6. | (CORPORATE NÂME AND DOCU | MENT#) | |
| | . INSTRUCTIONS: | | |
| | | | |
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COVER LETTER

| TO: | New Filing S Division of C | | | | | |
|---------------------|--|---|------------------------------------|-----------------------|---|------------------|
| SHRI | JECT: | Always | s Travel With L | s, LL | С | |
| 30 Da | LC1 | (Name of Res | ulting Florida Limi | ted Cor | mpany) | |
| | | | _ | | nd fees are submitted to conve accordance with s. 605.1045. | |
| Please | e return all corr | espondence concerning | g this matter to: | | | 202457663 |
| | | Anthony Lebron | | | | (-) |
| | | (Contact Person) | | _ | | 25 |
| | LATH | HAM & WATKINS LL | P | | | - |
| | | (Firm/Company) | | _ | | ; |
| | 355 | S. Grand Ave., S-10 | O | | ١. | . 1 3 |
| | | (Address) | | - | ٠. | 7 |
| | Los | Angeles, CA 90071 | | | | |
| | (| City, State and Zip Code) | | _ | | |
| | futset@theber | kleygroupinc.com | | | | |
| E-r | nail Address: (to b | oe used for future annual re | port notifications) | _ | | |
| For fu | irther informati | on concerning this ma | tter, please call: | | | |
| | Antho | ny Lebron | at (213 |) | 485-1234 | |
| | (Name of Conta | act Person) | |) (Day | ytime Telephone Number) | |
| | | for the following amound a bank located in the | • | proces | sed by this office must be pay | yable in US |
| (\$25 fo & \$125 | 0.00 Filing Fees or Conversion of for Articles anization) | □\$155.00 Filing Fees and Certificate of Status | ■\$180.00 Filing and Certified Co. | | ☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status | |
| | Mailing Add New Filing S Division of C P.O. Box 633 Tallahassee. | ection Corporations 27 | | New Divis The C | t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

| "Other Business Entity" into a Florida Limited Liability Company in | | | - |
|---|--------------------------|----------------|-----------|
| Statutes. | | 2024 | |
| 1. The name of the "Other Business Entity" immediately prior to the filing Always Travel With Us, Inc. | ng of the Articles of | Conversion | ı is: |
| (Enter Name of Other Business Entity) | ; | 53 | |
| 2. The "Other Business Entity" is a | oration | <u> </u> | |
| (Enter entity type. Example: corporation, limited partnership, general pa | irtnership, common law | or business tr | ust, etc. |
| First organized, formed or incorporated under the laws of | Florida | | |
| First organized, formed or incorporated under the laws of(Enter state, or if a no | on-U.S. entity, the name | of the countr | y) |
| on | attached Articles | of Organiza | ation: |
| (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 not 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 requidocument's effective date on the Department of State's records. | or more than 90 ca | | |
| 5. The plan of conversion has been approved in accordance with all appli | 11 | | |
| | cable statutes. | | |

| Signed this | 20th day of | December | 20 | 24 | <u>.</u> |
|-------------------------------------|---|---|-------------------|--------------------|-------------------------|
| Signature of A | uthorized Repres | entative of Lin | nited Liab | ility Co | ompany: |
| Signature of A | uthorized Represen | itative: F2 | ank A. | Utas | t |
| Printed Name:_ | uthorized Represen Frank A | . Utset | Title:_ | | Authorized Person |
| | | | | | |
| | | | - | | equired signature(s)) |
| Signature: | Frank | A. Utset | | | President and Secretary |
| Printed Name:_ | Frank A | Utset | Title: | Vice | President and Secretary |
| | | | | | |
| Signature: | | | Tists. | | |
| Printed Name:_ | • | | ritte: _ | | <u> </u> |
| Signature: | | | | | |
| Printed Name:_ | | | Title: _ | | |
| | | | | | |
| Signature: | | | 723.1 | | |
| Printed Name:_ | | | I itte: _ | | |
| Signature: | | | | | |
| Printed Name:_ | _ | | Title: _ | | |
| | | | | | |
| Signature: | | | T'-I | | |
| Printed Name:_ | | | rate: _ | | |
| If Florida Corp | ooration: | | | | |
| | airman, Vice Chair | man, Director, o | r Officer. | | |
| | Officers have not be | | | r must s | ign. |
| | LD . L' | * | u. D | | |
| II Florida Gene Signature of one | <mark>eral Partnership o</mark> e General Partner. | r Limited Liabi | <u>nty Partne</u> | ersnip: | |
| Jighature of On | e General Landier. | | • | • | |
| If Florida Limi | ited Partnership o | r Limited Liabi | lity Limite | d Partn | ership: |
| Signatures of ${f A}$ | LL General Partner | ·S. | | | |
| All naherre | | | | | |
| All others: | authorized person. | | | | |
| Signature of an | aumorized person. | | | | |
| Fees: | | | | | |
| مادان استان ا | of Conversion: | | \$25.00 | | |
| | s of Conversion: r Florida Articles o | f Organization: | | n | |
| | d Copy: | i Organization. | \$30.00 | | nal) |
| | | | | | |
| | d Copy: ate of Status: | | | (Option Options | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Always Travel | With Us, LLC | |
|---|--|------|
| (Must contain the words "Limited Lia | bility Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | | |
| The mailing address and street address of the | principal office of the Limited Liability Co | mpar |
| Principal Office Address: | Mailing Address: | 202; |
| 2626 E Oakland Park Blvd. 6th Flr. Fort Lauderdale, FL 33306 | Fort ouderdale El 22206 | |
| | | |

The name and the Florida street address of the registered agent are:

| COGENCY GL | OBAL INC. |
|-----------------------------|---------------------|
| Name | e |
| 115 NORTH CALHOU | N STREET, SUITE 4 |
| Florida street address (P.O | Box NOT acceptable) |
| Tallahassee | FL 32301 |
| City | Zip |

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..

Joe Morris - Asst Secretary - Cogency Global Inc. Registered Agent's Signature (REQUIRED)

(CONTINUED)

| | RT | ١. | | r 1 | _ | 1.7 |
|------|-----|----|---|-----|----|-----|
| - 44 | K I | ш | L | . 1 | ٠. | V - |

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

| "AMBR" = Authorized Member | |
|---|--|
| "MGR" = Manager | |
| AMBR | The Berkley Group, Inc. |
| | 2626 E Oakland Park Blvd. 6th Fir. |
| | Fort Lauderdale, FL 33306 |
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| Use attachment if necessary) | |
| Use attachment if necessary) LE V: Other provisions, if any. | |
| LE V: Other provisions, if any. REQUIRED SIGNATURE: | |
| LE V: Other provisions, if any. | rt |
| REQUIRED SIGNATURE: Frank A. Utaa Signature of a member or This document is executed in accordance | r an authorized representative of a member re with section 605.0203 (1) (b), Florida Statutes, I am aware |
| REQUIRED SIGNATURE: Frank A. Utaa Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. | |
| Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. THE BI | r an authorized representative of a member re with section 605.0203 (1) (b), Florida Statutes. I am award ument to the Department of State constitutes a third degree is |