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| PICK-UP | ☐ WAIT | MAIL |
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| (Rusi | iness Entity Nar | ne) |
| (503) | mess Entry Har | no, |
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| Certified Copies | Certificates | s of Status |
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| Special Instructions to Fi | iling Officer: | |
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COVER LETTER

| то: | Charter Section Division of Con | rporations | | • | | | |
|-----------|---|---|---------------------------|------------------------------|-----------------|--|-------------------|
| SUBJ | ECT: | Sage | Bisco | uit C | afe | | |
| | | 3 | Name of R | esulting Flor | rida Profit | Corporation | |
| | iclosed Certificat Tinto a "Florida i | | | | | es are submitted to convert a 5, F.S. | n "Other Business |
| Please | return all corresp | ondence conc | eerning this r | natter to: | | | |
| | Nicole | Praess Contact F | e\ Person | | | | |
| | Sage 8 | 515Cuit | – Cafe npany | <u> </u> | | | |
| _6 | 656 (o | Addre | ess | | | | |
| B | radenti | City, State an | <u>3</u> Y7 d Zip Code | 210 | | | |
| <u>52</u> | Rgebi Scuit E-mail address: (t | o be used for t | future annua | . Com I report notil | fication) | | |
| For fu | rther information | concerning th | is matter, pl | ease call: | | | |
| Nic | Name of Co | esse \ ontact Person | ; | | —- <i>'</i> —— | 18-1831 Daytime Telephone Number | |
| Enclos | sed is a check for | the following | amount; | | | | |
| □ S10 | 05.00 Filing Fees | □\$113.75 Fi and Certifica Status | _ | □\$113.75 F and Certified | _ | E\$122.50 Filing Fees, Certified Copy, and Certificate of Status | |
| | Mailing Addr New Filing So Division of Co P.O. Box 632 | ection orporations | | | New F Divisi | Address: Filing Section on of Corporations entre of Tallahassee | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115. Florida Statutes.

| 1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: |
|--|
| The Sage Biscuit Cafe LLC Enter Name of Other Business Entity L12006 112 990 |
| |
| 2. The "Other Business Entity" is a <u>limited liability company</u> (Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.) |
| first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country) |
| |
| on August 31 2012 Enter date "Other Business Entity" was first organized, formed or incorporated |
| 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated: Florida |
| 4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: |
| Sage Biscuit Cafe INC, Enter Name of Florida Profit Corporation |
| Enter Name of Florida Profit Corporation |
| 5. If not effective on the date of filing, enter the effective date: 12/12/19. (The effective date: Cannot be prior to nor more than 90 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. |

Page 1 of 2

| Signed this 12 ³ day of December | . 20 19 |
|---|--|
| Required Signature for Florida Profit Corporation: | |
| Signature of Chairman, Vice Chairman, Director, Offic Incorporator: | er, or, if Directors or Officers have not been selected, an |
| Required Signature(s) on behalf of Other Business I | Entity: [See below for required signature(s).] |
| Signature: | |
| Printed Name: Nicole Praisse | |
| Signature: Mel MMANETTE | PRESIDENT |
| Printed Name: JOSE MORETA | |
| Signature: | |
| Printed Name: Joseph MoreTa | Title:CEO |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| If Florida General Partnership or Limited Liability Signature of one General Partner. | y Partnership; |
| If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. | Limited Partnership: |
| If Florida Limited Liability Company: Signature of a Member or Authorized Representative. | al il |
| All others: Signature of an authorized person. | |
| Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Confidence of Status: | \$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional) |

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE I | NAME | San a B | 2-00 11 | C- Ca | TNIC | |
|-----------------|--|-------------------|--|-----------|---------------------------------------|--------------------|
| The name of the | NAME corporation shall be: | Dade 12 |)18CM+ | Cate | . 1VC | <u> </u> |
| ARTICLE II | PRINCIPAL OF | FICE | | | | |
| | ace of business/mailing | | | | | |
| | Principal street addres | SS | | Mailing a | ddress, if differen | nt is: |
| | | | | | | |
| 6656 6 | Hez Rd W | | | | | |
| Brader | HON FL | 34210 | | | | |
| ARTICLE III | PURPOSE r which the corporation | s is according to | | | | |
| The purpose to | r which the corporation | ris organized is. | - NI S. | c.1.10 | Rostan | rants |
| <u> </u> | Y and O | per Ate T | <u>u </u> | 14100 | 1/6 3190 | 41112 |
| name | and O | Siscuit Ca | are. I | NC_ | | |
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| | | | | | | 19 BEC 16 PH 3: 33 |
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| A DOVICE TO THE | CHARRE | | | | | Q ORA |
| The number of | SHARES shares of stock is: | 1000 | | | | 33 |
| ARTICLE V | INITIAL OFFICE | ers and/or diri | ECTORS | | | છ |
| Name and Title | c: Nirol Praess | el-CFO | Name and | Title: | | · |
| | 57129th Ave | | Address: | | · · · · · · · · · · · · · · · · · · · | |
| | Bradento | NFL 3420 | વ | | | |
| Name and Titl | Jac more | ETA PRESIDEN | Y7Name and | Title: | | |
| Address: (| 9708 53B | OAVE.W | Address: | | | |
| | BRADENTO | | | | | |
| | 10: Joseph 1 | | | | | |
| Address: | 5712 917 | AVE DP 1 | / Address: | | | |
| | Readen Tan | FL. 342 | o ମ | | | |

| | nd Florida street address (P.O. Box NOT acceptable) | of the registered agent is: | |
|--------------------------------|--|--|---------|
| Name: <u>)</u> | Vicole Praessel | | |
| Address: | 5712 9th Ave Dr W | | |
| [| Bradenton FL 34209 | | |
| ARTICLE The name ar | VII INCORPORATOR nd address of the Incorporator is: | | |
| Name: 1 | Vicole Praessel | | |
| Address: | 5712 9th Ane Dr W | | |
| - | 3712 9th Ane Dr W Bradenton FL 34209 | | |
| ***** | ******* | ****** | |
| Having been this certification | named as registered agent to accept service of proce te, I am familiar with and accept the appointment as | ess for the above stated corporation at the place designa- registered agent and agree to act in this capacity | ited in |
| | al il | 12/12/19 | |
| | Required Signature/Registered Agent | Date | |
| I submit this document to | s document and affirm that the facts stated herein ar the Department of State constitutes a third degree fe | e true. I am aware that any false information submitted lony as provided for in s.817.155, F.S. | ed in a |
| | | , | |

Required Signature/Incorporator