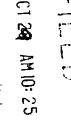
| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ddress) | |
| • | , | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nar | me) |
| (Dx | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: Rain or Shine Indoor Golf Inc.

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202. F.S.

Please return all correspondence concerning this matter to:

| | | V | |
|---------------------------------|---|--|--|
| Jhonathan | Florez | | |
| | Contact Person | | |
| Rain or Shi | ne Indoor Go | olf | |
| | Firm/Company | | |
| 7801-3 S A | | | |
| | Address | | |
| Sunrise, FL | 33322 | | |
| | City, State and Zip Code | e | |
| jhonathan.fl | orez86@gm | ail.com | |
| E-mail address: (1 | o be used for future annu | ual report notification |) |
| For further information | concerning this matter, | please call: | |
| <u>Jhona</u> than I | Florez | at (786) | 393-2227 |
| Name of Co | ontact Person | - \ <u> </u> | and Daytime Telephone Number |
| Enclosed is a check for | the following amount: | | |
| ■ \$105.00 Filing Fees | □\$113.75 Filing Fees and Certificate of Status | ©\$113.75 Filing Fe and Certified Copy | tes □\$122.50 Filing Fees, Certified Copy, and Certificate of Status |
| Mailing Addr | | | cet Address: |
| New Filing Se Division of Co | | | w Filing Section rision of Corporations |
| P.O. Box 6327 | | | : Centre of Tallahassee |
| Tallahassee, F | L 32314 | | 5 N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

1 - 1 - 1 - 1 - 1

Articles of Conversion

For

Converting Eligible Entity

Into

Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

| 1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is: |
|--|
| Rain or Shine Indoor Golf LLC. |
| Enter Name of the Converting Entity The converting entity is a Corporation Limited Liability Company |
| 2. The converting entity is a Corporation Limited Liability Company |
| (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 09/03/2022 (Enter state) of the solution of |
| Enter date "Converting Entity" was first organized, formed or incorporated. |
| 3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> : |
| Rain or Shine Indoor Golf Inc. |
| Enter Name of Florida Profit Corporation |

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

5. If not effective on the date of filing, enter the effective date: 09-20-2022

(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.

| Signed this 31st day of August | 20 | |
|---|--|------------------|
| Required Signature for Florida Profit Corporation | on: | |
| Signature of Director, Officer, or, if Directors or Off | icers have not been selected, an l | ncorporator: |
| Printed Name: Jhonathan Florez Title: P | | |
| Required Signature(s) on behalf of Converting Fl companies: [See below for required signature(s).] | | |
| Signature: | | |
| Printed Name: Jhonathan Florez | Title: P | |
| Printed Name: Jhonathan Florez Signature: | | |
| Printed Name: | | |
| Signature: | | 702° |
| Printed Name: | Title: | 1300 |
| Signature: Printed Name: Signature: Printed Name: Signature: | | 29 |
| Printed Name: | Title: | - E |
| Signature: | | 08 26 08 17 E |
| Printed Name: | Title: | |
| Signature: | | ··· |
| Printed Name: | | |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ity Partnership: | |
| If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners. | ty Limited Partnership: | |
| If Florida Limited Liability Company: Signature of a Member or Authorized Representative | 2. | |
| All others: Signature of an authorized person. | | |
| Fees: Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status: | \$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional) | |

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| The name of the corporation shall be: Rain or Sh | line indoor Golf inc. |
|--|--|
| ARTICLE II PRINCIPAL OFFICE | |
| The principal place of business/mailing address is: | |
| Principal street address | Mailing address, if different is: |
| 7801-3 S Aragon Blvd. | |
| Sunrise, FL 33322 | |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: For business and for profit | . 2 |
| | ALL. |
| | 129 T |
| | SEE TO |
| | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| | 5.0 |
| ARTICLE IV SHARES The number of shares of stock is: 100 | |
| ARTICLE V OFFICERS AND/OR DIRECTORS | |
| Name and Title: Jhonathan Florez - P | Name and Title: |
| Address: 7801-3 S Aragon Blvd | Address: |
| Sunrise, FL 33322 | |
| | |
| Name and Title: | Name and Title: |
| Name and Title: | |
| A .1.1 | |
| Address: | Address: |
| Address: | Name and Title: Address: Name and Title: Address: |

| ARTICLE VI | REGISTERED AGENT | |
|-----------------|---|--|
| The name and Fl | orida street address (P.O. Boy NOT acceptable) of the | |

OT acceptable) of the registered agent is: Maxwell Florez

Address:

Name:

7801-3 S Aragon Blvd

Sunrise, FL 33322

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. I am/familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

08/31/2022

Date