P240006710 gl 16-2924

| (Requestor's Name) | | | |
|---|--|--|--|
| (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: | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



700438111687

COVER LETTER

| то: | New Filing Sec | | | | |
|--------|--------------------|--|-----------------------------------|--------|---|
| | Division of Cor | | | | |
| SUBJ | ECT: ARUS | STI INC | D. M. Di il. | D 54 | <u> </u> |
| | | Name of | Resulting Florida | Pront | Corporation |
| | | f Conversion, Articles of cofit Corporation" in according to the corporation of the corpo | • | | are submitted to convert the following eligible 33 & 607.0202, F.S. |
| Please | return all corresp | ondence concerning this | s matter to: | | |
| Sin | non B Ho | well | | | |
| | | Contact Person | | | |
| Ho | well Inter | national Tax | (| | |
| | | Firm/Company | | | |
| 8701 | l W Irlo Bron | son Mem Hwy, S | te 100 | | |
| | | Address | | | |
| Kis | simmee, | FL 34747 | | | |
| | | City, State and Zip Code | 2 | | |
| simo | n.howell@h | owellinternational | tax.com | | |
| ····I | E-mail address: (t | o be used for future annu | al report notifica | tion) | |
| For fu | rther information | concerning this matter, | please call: | | |
| Sin | non B Ho | well | _{at (} 407 | 245 | 5-7600 |
| | Name of Co | ontact Person | | de and | Daytime Telephone Number |
| Enclos | sed is a check for | the following amount: | | | |
| □ \$10 | 05.00 Filing Fees | □\$113.75 Filing Fees and Certificate of Status | □\$113.75 Filing and Certified Co | | ■\$122.50 Filing Fees, Certified Copy, and Certificate of Status |

Mailing Address:

.

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

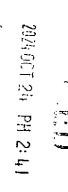
Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: |
|---|
| AROSTI INC |
| Enter Name of the Converting Entity |
| 2. The converting entity is a CORPORATION |
| (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 TEXAS (Enter state, or if a non-U.S. entity, the name of the country) |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| _{on} 02/06/2023 |
| 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> AROSTI 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: (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florid 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 11th day of October | 2024 | |
|--|--|--------------------------|
| Required Signature for Florida Profit Corporati | | |
| Signature of Director, Officer, or, if Directors or Officer | icers have not been selected, an Incorpora | чог: |
| HALEY MCDANIEL DI | DECTOR | |
| Printed Name: HALEY MCDANIEL Title: | | |
| Required Signature(s) on behalf of Converting Fl companies: [See below for required signature(s).] | orida partnerships, limited partnership | s, and limited liability |
| Signature: | | |
| Printed Name: | | |
| Signature: | | |
| Printed Name: | | |
| Signature: | | |
| Printed Name: | | |
| Signature: | | |
| Primed Name: | | |
| Signature: | | £ ' |
| Printed Name: | | |
| Signature: | | i ~ 1 |
| Printed Name: | | P : 3 |
| If Florida General Partnership or Limited Liabilit Signature of one General Partner. | | 2: 41 |
| If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners. | Limited Partnership: | ; 11 |
| If Florida Limited Liability Company: Signature of a Member or Authorized Representative. | | |
| 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) | |

And the second of

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

| | II PRINCIPAL OFFICE al place of business/mailing address is: | | |
|---|--|-------------------------------------|----------------------|
| Principal street address | | Mailing address, if different is: | |
| 121 R | RIOMAR DR | | |
| PORT | ST. LUCIE, FL 34952 | | |
| | e for which the corporation is organized is: NE SALES | | |
| | | | 207 CCT 234 PN 4 - 4 |
| | | | P |
| | | | |
| | | | |
| ARTICLE The number | EIV SHARES of stock is: | | |
| ARTICLE | V OFFICERS AND/OR DIRECTORS | | |
| ARTICLE | V OFFICERS AND/OR DIRECTORS Title: HALEY MCDANIEL, DIRECTOR | Name and Title: | [1] |
| ARTICLE | V OFFICERS AND/OR DIRECTORS | Name and Title: Address: | |
| ARTICLE Name and T Address: | V OFFICERS AND/OR DIRECTORS Title: HALEY MCDANIEL, DIRECTOR 121 RIOMAR DR, PORT ST. LUCIE, FL 34952 | Address: | |
| ARTICLE Name and T Address: | v officers and/or directors Title: HALEY MCDANIEL, DIRECTOR 121 RIOMAR DR, | Address: Name and Title: | |
| ARTICLE Name and Taddress: Name and Taddress: | Title: HALEY MCDANIEL, DIRECTOR 121 RIOMAR DR, PORT ST. LUCIE, FL 34952 | Address: Name and Title: Address: | |

| <u>ARTICL</u> | <u>E VI REGISTERED AGENT</u> | | |
|---------------|---|--------------------------------|------------|
| The name | and Florida street address (P.O. Box NOT acceptab | e) of the registered agent is: | |
| Name: | INTERNATIONAL MANAGEMENT (FLORIDA) LLC | | |
| Address: | 8701 W IRLO BRONSON MEM HWY STE 100 | | |
| | KISSIMMEE, FL 34747 | | |
| | | | |
| | | | |
| - | ************************************** | • | ignated ir |
| | HILL _ | 10/11/2024 | |
| | Required signature/Registered Agent | Date | |