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(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



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2025 FEB -5 PH 3: 20

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO.	:	$(v) \leq a$	
REFERENCE	:	960822	73.19 .
AUTHORIZATION	:		and the second
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DOMESTIC AMENDMENT FILING

NAME: ASHLEY DISTRIBUTION SERVICES, INC.

EFFECTIVE DATE:

ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER'S INITIALS:

COVER LETTER

	Filing So	ection orporations				
		histribution Services, LLC)			
SUBJECT		(Name of Res	ulting Florida Lim	ited Con	mpany)	
					nd fees are submitted to convert ecordance with s. 605.1045. F.S	
Please retur	n all corre	espondence concerning	g this matter to:			
Leslie McGu	ire					
		(Contact Person)		_		3
Holland & Ki	night LLP					1
		(Firm/Company)	•	_		•
100 North Ta	ampa Stre	et, Suite 4100				***
		(Address)		_		
Tampa, Flor	da 33602					<u>:</u>
	((City, State and Zip Code)				ز.
leslie.mcguir	e@hklaw.	com				
E-mail Ad	dress: (to b	e used for future annual re	port notifications)			
For further	nformati	on concerning this ma	tter, please call:			
Leslie McGu	ire		at (813	227-6	6348	
(Nan	ne of Conta	et Person)	(Area Code	(Day	6348 vtime Telephone Number)	
		or the following amou a bank located in the		process	sed by this office must be payab	de in US
\$150.00 Fi (\$25 for Conv & \$125 for Ar of Organization	ersion ticles	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filin and Certified Co	_	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status	
New Divi P.O.	Box 632	ection orporations		New I Divisi The C 2415	t Address: Filing Section ion of Corporations Lentre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

 The name of the "Other Business Entity" immediately prior to the filing of the Artic Ashley Distribution Services, Inc. 	cles of Conversion is:
(Enter Name of Other Business Entity)	_
2. The "Other Business Entity" is a) 1 3 1
(Enter entity type. Example: corporation, limited partnership, general partnership, comn	non law or business trust, etc.)
First organized, formed or incorporated under the laws of Wisconsin (subsequently con (Enter state, or if a non-U.S. entity, the	
11/8/1993 on .	j
(date of organization, formation or incorporation)	; * .i
3. The name of the Florida Limited Liability Company as set forth in the attached Ar	ticles of Organization:
Ashley Distribution Services, LLC	
(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 nor more than the date this document is filed by the Florida Department of State.)	90 calendar days after
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this didocument's effective date on the Department of State's records.	ate will not be fisted as the
5. The plan of conversion has been approved in accordance with all applicable statutes	

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 13th day of February	20_25
Signature of Authorized Representative of Limi	ited Liability Company:
State & Aster	
Signature of Authorized Representative:	Tister Secretary
Printed Name: Stephen R. Calkins	Title: Secretary
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	
Printed Name; Stephen R. Calkins	Title: Secretary
Timed (Mine.	
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Tirlo
ranted Name.	
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	92.1
Printed Name:	little:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	<u> </u>
_	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
G	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
	·-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	y is:	
Ashley Distribution Services, LLC		
(Must contain the words "Limited L	Jability Company, "L.L.C.," or "L.L.C.")	
ARTICLE II - Address:		
The mailing address and street address of the	he principal office of the Limited Liab	oility Company is:
Principal Office Address:	Mailing Address:	```
1670 East 8th Avenue	1670 East 8th Avenue	·
Tampa, Florida 33605	Tampa, Florida 33605	
		-1
The name and the Florida street address of	the registered agent are.	
	npany Name	
1201 Hays Street	Vanne	
1201 Hays Street		
1201 Hays Street Florida street address	(P.O. Box <u>NOT</u> acceptable)	

(CONTINUED)

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Ashley Distribution Services Holdings, Inc.
	1670 East 8th Avenue
	Tampa, Florida 33605
(Use attachment if necessary)	
(ose attachment it recessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE: 5	
â	
Signature of a member o	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes, I am aware th
any false information submitted in a doc	ce with section 605.020.5 (1) (6), Florida Statutes. I am aware in cument to the Department of State constitutes a third degree felo
as provided for in s.817.155, F.S.	value is also
Charles D. Calling	
Stephen R. Calkins	Smad on minted space of all rese
l	yped or printed name of signee
	Filing Fees

960822

\$ 5.00 Certificate of Status (Optional)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)