11800132430

(Re	equestor's Name)	
(Ad	ldress)	
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(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	-
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

MAY 30 2018



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10 MAY 29 PH 3: 38

18 MAY 29 AH 10: 28

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date: 5/29/2018

	Acc#I20160000072	2000
Name:	Mahathi Software Corp (FL)	
Document #:		
Order #:	10989920	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:		
Apostille/Notarial Certification:	Country of Destination: Number of Certs:	
Filing:	Certified: Plain: COGS:	18 Hay 29
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 180.00	Ai 10: 27

COVER LETTER

Division of C				
SUBJECT: Mahathi	Software LLC			
50D0LC1	(Name of Re	sulting Florida Limited (Company)	
			and fees are submitted to accordance with s. 605	
Please return all corr	espondence concernin	g this matter to:		
Sandy Gilliam				
···	(Contact Person)			2007年
Allscripts Healthcare, LI	-C			
	(Firm/Company)			- : 12
305 Church at North Hill	ls Street			, (2)
	(Address)			重
Raleigh, North Carolina	27609			18 MAY 29 MA 10: 53
((City, State and Zip Code)			- **
sandy.gilliam@allscripts	.com			
E-mail Address: (to b	e used for future annual re	port notifications)		
For further information	on concerning this ma	tter, please call:		
Sandy Gilliam		at (310)92	6-8458 Daytime Telephone Number)	
(Name of Conta	ct Person)	(Area Code) (I	Daytime Telephone Number)	
	or the following amou a bank located in the		essed by this office mus	t be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	S 185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS	S:	MAILING	ADDRESS:	
New Filing Section		New Filing	•	
Division of Corporati	ons		f Corporations	
Clifton Building 2661 Executive Cente	or Circle	P. O. Box (6327 e, FL 32314	
AUGI EXCLUEIVE CUIII	or Circle	1 0110110330	ししょ レーンインスコ	

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

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

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Mahathi Software Corporation 06700049256
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
4/23/2007
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Mahathi Software 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 90 calendar 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.
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 24th day of May	20_18
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:	
Printed Name: Dennis Olis	Title: Vice President
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	
Printed Name: Dennis Olis	Title: Vice President
Printed Name: Dennis Ons	Title: vice resident
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name:	Title
Timed Name.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
16 Florida Conomi Doutnoughin on Limited Lighili	tu Bantnarchini
If Florida General Partnership or Limited Liabili Signature of one General Partner.	tv rartnersnip:
Signature of one deneral rainter.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
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

MAHATHI SOF		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.0.2	
(Must c	ontain the words "Limited I	Liability Company, "L	L.L.C., or "LLC.")	
ARTICLE II - Address:				
The mailing address and stree	et address of the principal o	ffice of the Limited Li	ability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Address:	
4203 Vineland Ro	oad Suite K-6	42በ3 ኒ	ineland Road, Suite K-6	
Orlando, FL 3281	`		o, FL 32811	
ARTICLE III - Registered A The Limited Liability Companother business entity with a	any cannot serve as its own	Registered Agent. Yo	s Signature: u must designate an individua	l or
The name and the Florida stre	eet address of the registered	agent are:		
	C T Corporation Syst	em		
		Name		
	1200 South Pine Isla	nd Road		
	Florida street address	(P.O. Box <u>NOT</u> acce	ptable)	
	Plantation,	Florida	33324	

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..

State

C T Corporation System

By: Agnes Broszczak, Asst. Secretary

City

Registered Agent's Signature (REQUIRED)

Zip

Agner B.

(CONTINUED)

Title: "AMBR" = A "MGR" = Ma	uthorized Member nager		Name and Address:		
Membe	er		Dennis Olis 305 Church At Raleigh, NC 27		et -
				···········	
LE V: Effective fective date is lof filing.) If the date inser	isted, the date must	be specific and not meet the a	cannot be more than five opticable statutory filing records.	e business days pr	rior to or 90 d
LE V: Effective fective date is lof filing.) If the date inserument's effective	e date, if other than the listed, the date must ted in this block does	be specific and not meet the a	cannot be more than five	e business days pr	rior to or 90 d
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LE V: Effective fective date is lof filing.) of filing.) f the date inserument's effective LE VI: Other processing	e date, if other than the listed, the date must ted in this block does be date on the Departrovisions, if any. SIGNATURE: Signature of This document is I am aware that an	f a member or executed in accey false informat	cannot be more than five	re business days prequirements, this contains the contains the contains a member 0203 (1) (b), Floridation to the Department to Department to the Department to the Department to Department to	rior to or 90 d

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

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)