# L2000054378

(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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# **Filing Cover Sheet**

To: F	Florida	Division	of	Corporat	ions
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From: TAYLOR SEAY C/O Capitol Services, Inc.

Date: 2/21/2019

Trans#: 1110857

# Entity Name: <u>NEXTECH PARTNERS, INC. (FL) CONVERTING INTO NEXTECH</u> OPERATIONS, LLC (FL)

Articles Incorporation ( )	Articles of Amendment ( )
Articles of Dissolution ( )	Annual Report ( )
Conversion (XX)	Fictitious Name ( )
Foreign Qualification ()	Limited Liability ( )
Limited Partnership ( )	Merger ( )
Reinstatement ( )	Withdrawal / Cancellation ( )
Other ( )	

STATE FEES PREPAID WITH CHECK#1758 FOR \$180.00

### **PLEASE RETURN:**

Certified Copy (XX) Plain Photocopy ( )

Good Standing ( ) Certificate of Fact ( )

#### COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: NEXTECH OPERATIONS, LLC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Sharon Parker  Nextech Operations LLC  (Firm/Company)  339 Cross Park Drive  (Address)  (Address)  (City, State and Zip Code)  Sparker @ next echpartners. Com  E-mail Address (to be used for future annual report notifications)
For further information concerning this matter, please can.
(Name of Contact Person) at ( 601 ) 559 - 1041 (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
S150 00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  S150 00 Filing Fees and Sertified Copy and Certificate of Status  S150 00 Filing Fees and Sertified Copy (Certified Copy, and Certificate of Status)
Mailing Address:  New Filing Section  New Filing Section
tion tilling because
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## 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:  NEX (EC H TAR II) (1)
(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.)
First organized, formed or incorporated under the laws ofSTATE OF FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)
on $\frac{7-6-2009}{\text{(date of organization, formation or incorporation)}}$
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Mextech Operations, LLC (Enter Name of Horida Limited Limited Limited Company)
4. If not effective on the date of filing, enter the effective date: 7-1-2019
(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 21 day of February	20_ <i>20</i>
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative. Sha Printed Name: CO 11 6	Ion Parker PARKE
Signature(s) on behalf of Other Business Entity:	
Simonya Sharon Parke	
Signature: Sharon Parker  Printed Name: Sharon Parker	
Signature:Printed Name:	
Printed Name:	_ Title:
0:	
SignaturePrinted Name:	Title.
Signature:Printed Name:	
Printed Name:	_ Title:
Signature:Printed Name:	Title:
Printed Name:	
Signature:	
Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability	corporator must sign.
Signature of one General Partner.	
If Florida Limited Partnership or Limited Linbili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE 1 - Name: The name of the Limited	d Liability Company is:			
Nextect	operation	<u>S</u> , L	_LC	- <del></del>
(Must cont	ain the words "Limited Liability	Company, "L	I.C. or LLC	
ARTICLE II - Addres The mailing address and	s: I street address of the pri	ncipal offi	ce of the Limite	ed Liability Company is
Principal Office Addre	t5\$:	Mailing	Address:	
	ark Drive			
PEACT, M	5 39208			
ARTICLE III - Regist (The Limited Liability Compan- husiness entity with an active	ered Agent, Registered y cannot serve as its own Registi Flixida registration)	Office, & cred Agent, Yo	Registered Apout must designate ar	gent's Signature: individual or another
The name and the Flori	da street address of the re	egistered a	gent are.	
C	Capitol Corporate Service	ces, Inc.		
	Name	:		
5	15 E Park Ave Floor 2			
FI	orida street address (P O	Box NO	[acceptable)	
٦	「allahassee	FL.	32301	
<del></del>	City		Zip	

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.

Kim Tadlock, Asst Sec on behalf of Capitol Coporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>`itle:</u>	Name and Address:
AMBR* = Authorized Member	
MGR" = Manager	Heather Sherman
	406 POST ARBOY DI
President	Brandon, MS 39050
tresident	BRAD Cohen
<del></del>	
	SARASOTA, FL 3422
Use attachment if necessary)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
T. W. Oth sames laisur if agu	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
/S/ Sharon I	Parker
	r an authorized representative of a member
Signature of a member o	
This document is executed in accordance any false information submitted in a doc	ce with section 605 0203 (1) (b), Florida Statutes 1 am aware that cument to the Department of State constitutes a third degree felony
This decorrest was equied in accordan-	cument to the Department of State constitutes a third degree felony

ARTICLE IV-