## L09000078757

	(Requestor's Name)
<u> </u>	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
	(Document Number)  Certificates of Status

Office Use Only



300271350593

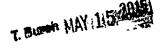
05/13/15--01001--016 \*\*55.00

15 HAY III PH II: 56

RECEIVED

15 MAY 12 PH 3-26

Without of Control Accounts



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SYLVIO LLC			
			Art of Inc. File
		<del></del>	LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File conversion
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature		Fictitious Owner Search	
Signature			Vehicle Search
			Driving Record
Requested by: BA	05/12/15		UCC 1 or 3 File
Nama	$\frac{05/13/15}{Date}$	Time	UCC 11 Search
Name	Date	111110	UCC 11 Retrieval
Walk-In	Will Pick U	Jp	Courier



DEPARTIFIENT OF FILE SUFFICIENCY OF FILE

May 13, 2015

CAPITAL CONNECTION, INC. ATTN: SETH

SUBJECT: SYLVIO LLC Ref. Number: L09000078757

We have received your document for SYLVIO LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 415A00010010

## Articles of Conversion For Florida Limited Liability Company Into "Converted or Other Business Entity"

This Certificate of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045, Florida Statutes.

PH 1: 58

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:		
Sylvio LLC		
Enter Name of Florida Limited Liability Company	7. 35 171	
2. The name of the "Converted or Other Business Entity" is:		
Sylvio Inc.		
Enter Name of "Converted or Other Business Entity"	>	
3. The "Converted or Other Business Entity" is a Corporation  (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)	·	
organized, formed or incorporated under the laws of Delaware  (Enter state, or if a non-U.S. entity, the name of the coun	itry)	
on May 11, 2015	,	
(Date of organization, formation or incorporation)		
and the formation document is attached (if applicable).		
4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.	y	
5. This conversion shall be effective in Florida on:  The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed Plorida Department of State; AND 2) must be the same as the effective date of the conversion under aws governing the "Other Business Entity.")		

- 6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":
  - a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address:	317 W COUNTRY CLUB DRIVE		
	TAMPA, FL 33612		
Mailing Address:	same	4	
		15 MA	۲,
	Other Business Entity" has agreed to pay any members having amount to which such members are entitled under ss. 605.1006	MAY ILL PM	
Signed this 11th	day of May	PM 1: 58	
Signature:	Must be signed by a Member or Authorized Representative	ဘ်	
Printed Name: Sylv	rio R. Kovacic Title: President		
Fees: Filing Fee: Certified Copy: Certificate of S			

Page 2 of 2