L11000118845

| · · · · · | (Requestor's Name) | |
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| | (Address) | |
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| | (Address) | |
| | | |
| | (City/State/Zip/Phone #) | |
| PICK-U | P WAIT | MAIL |
| | (Business Entity Name) | |
| | | |
| | (Document Number) | |
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| Certified Copies | Certificates of S | Status |
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| Special Instructions | s to Filing Officer: | |
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Office Use Only



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10/17/11--01033--005 **185.00

EFFECTIVE DATE 11-1-11

B. BOSTICK
OCT 1 8 2011

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: M-Set, LLC | |
| (Name o | of Resulting Florida Limited Company) |
| "Other Business Entity" into a "Florida I | Articles of Organization, and fees are submitted to convert an Limited Liability Company" in accordance with s. 608.439, F.S. |
| Please return all correspondence concern | ing this matter to: |
| Thomas E. Nagy | |
| (Contact Person) | |
| M-Set, LLC | |
| (Firm/Company) | |
| 2338 Immokalee Road, Suite# 159 | |
| (Address) | |
| Naples, FL. 34110-1445 | |
| (City, State and Zip Code | = |
| MSet2020@gmail.com | <u>.</u> |
| E-mail address: (to be used for future annual repo | ort notifications) |
| For further information concerning this n | natter, please call: |
| Thomas Nagy | natter, please call: _at (239) 860-1071 |
| (Name of Contact Person) | (Area Code and Daytime Telephone Number) |
| Enclosed is a check for the following am | ount: |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status | \$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 |

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate 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.608.439, Florida Statutes.

| 1. The name of the "Other Business Entity" immedia Conversion is: M-Set, LLC | tely prior to the filing of this Certificate of |
|---|--|
| (Enter Name of Oth | ner Business Entity) |
| 2. The "Other Business Entity" is a Limited Liabilit | |
| (Enter entity type. Example: cogeneral partnership, common | • |
| first organized, formed or incorporated under the laws (Enter state, or if a non-U.S. en | \ <u></u> |
| on 11/17/2009 | |
| on (Enter date "Other Business Entity" was | first organized, formed or incorporated) |
| 3. If the jurisdiction of the "Other Business Entity" w which it is now organized, formed or incorporated: | as changed, the state or country under the laws of |
| | |
| 4. The name of the Florida Limited Liability Compan Organization: | y as set forth in the attached Articles of |
| M-Set, LLC | 13 |
| (Enter Name of Florida Li | mited Liability Company) |
| 5. If not effective on the date of filing, enter the effect. (The effective date: 1) cannot be prior to now more | tive date: $11/1/2011$ \mathbb{R}^m \mathbb{C} |
| (The effective date: 1) cannot be prior to nor more filed by the Florida Department of State; <u>AND</u> 2) n attached Articles of Organization, if an effective data | nust be the same as the effective date listed in the |
| 6. The conversion is permitted by the applicable law(s conversion complies with such law(s) and the requirer | |
| 7. The "Other Business Entity" currently exists on the | official records of the jurisdiction under which it is |

currently organized, formed or incorporated.

| Signed this 11th day of October | 20 <u>_11</u> | |
|---|------------------------------------|--|
| | | |
| Signature of Member or Authorized Rep Individual signing affirms that the facts st | | |
| constitutes a third degree felony as provid | | aise information |
| constitutes a tilita degree leiony as provid | | |
| Signature of Member or Authorized Repres | sentative: | |
| Printed Name: Thomas Nagy | | |
| | | |
| Signature(s) on behalf of Other Business I | | |
| this document are true. Any false informa | | as provided for in |
| s.817.155, F.S. See below for required sign | nature(s).j | |
| | | |
| Signature:Printed Name: Thomas Nagy | Title: Managing Member | |
| | Managing Montes. | |
| Signature: | | |
| Printed Name: | Title: | |
| | | |
| Signature: | 70'-1 | |
| Printed Name: | litle: | |
| Signature | | |
| Signature:Printed Name: | Title: | <u></u> |
| | | |
| Signature: | | |
| Printed Name: | Title: | |
| Clamation | | |
| Signature:Printed Name: | Title | |
| Timted Name. | Title. | |
| If Florida Corporation: | | |
| Signature of Chairman, Vice Chairman, Dire | ctor, or Officer. | $\sum_{i,j}$ |
| If Directors or Officers have not been selecte | d, an Incorporator must sign. | <u> </u> |
| | | |
| If Florida General Partnership or Limited | <u>Liability Partnership:</u> | Marian Marian |
| Signature of one General Partner. | | 7 |
| If Florida Limited Partnership or Limited | Liability Limited Partnershin: | The state of the s |
| Signatures of <u>ALL</u> General Partners. | Diability Emilieu I in the I ship. | PH 12: 50 |
| <u>——</u> | | |
| All others: | | ¥ 0 |
| Signature of an authorized person. | | |
| r | | |
| Fees: | | |
| Certificate of Conversion: | \$25.00 | |
| Fees for Florida Articles of Organization: | \$125.00 | |
| Certified Copy: | \$30.00 (Optional) | |
| Certificate of Status: | \$5.00 (Optional) | |
| | Page 2 of 2 | |
| | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|---|--|
| The name of the Limited Liability Company is: | |
| | |
| M-Set, LLC | |
| (Must end with the words "Limited Liability Company, the abbrevia | tion "L.L.C.," or the designation "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street address of the princi | inal office of the Limited Liability Company is: |
| The maning address and street address of the princi | par office of the Elimica Elability Company is. |
| Principal Office Address: | Mailing Address: |
| M-Set, LLC | M-Set, LLC |
| 2338 Immokalee Road, Suite# 159 | 2338 Immokalee Road, Suite# 159 |
| Naples, FL. 34110-1445 | Naples, FL. 34110-1445 |
| ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) | |
| The name and the Florida street address of the regis | stered agent are: |
| Thomas Nagy | ALL A |
| | ame SS 7 |
| 140 | ante — — was |
| 4219 Covey Circle | · · · · · · · · · · · · · · · · · · · |
| Florida street address (P. | O. Box NOT acceptable) |
| Naples | FL 34109 · SEL 23 |
| City, Sta | te, and 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> | Name and Address: |
|-----------------------------------|--|
| "MGR" = Manager | |
| "MGRM" = Managing Me | ember |
| MGRM | Thomas Nagy |
| | 4219 Covey Circle |
| | Naples, FL. 34109 |
| | 14apios, 7 E. 04 100 |
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| | (1) |
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| | DE - |
| (Use attachment if necessa | ry) |
| | |
| RTICLE V: Effective date, if | other than the date of filing: 11/01/2011 |
| | (OPTIONAL) |
| | e prior to nor more than 90 days after the date this document is filed by |
| | te; AND 2) must be the same as the effective date listed in the attached |
| Certificate of Conversion, if an | effective date listed therein.) |
| EQUIDED CLCN ATUDE. | |
| EQUIRED SIGNATURE: | |
| | |
| | |
| signature of a memb | per or an authorized representative of a member. |
| | |
| the penalties of perjury that the | 408(3), Florida Statutes, the execution of this document constitutes an affirmation under facts stated herein are true. I am aware that any false information submitted in a State constitutes a third degree felony as provided for in s.817.155, F.S.) |
| Thomas E. Na | gy |
| | Typed or printed name of signee |