

#L13000177639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
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15 JUN 11 AM 10:05  
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FILED  
2015 JUN 11 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
JUN 12 2015

**Wolters Kluwer**

515 E. Park Ave., Tallahassee, FL, 32301

850-205-8842

IB TALLAHASSEE, LLC	

**L13000177639**

**Thank you!**

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input checked="" type="checkbox"/> <b>Other</b>
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<b>Conversion</b>
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> <b>Certified Copy</b>	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<b>Conversion Filing</b>		
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

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6/11/2015

**ST**

Order#:  
**9587450**

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

EFFECTIVE DATE  
6-11-2015

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2015 JUN 11 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

The Articles 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.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

**IB Tallahassee, LLC**

Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

**IB Tallahassee, LLC**

Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a limited liability company  
(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 country)

on June 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.

5. This conversion shall be effective in Florida on: June 11, 2015  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")

**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.

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: 311 East Jennings Street  
Tallahassee, Florida 32301  
Mailing Address: 311 East Jennings Street  
Tallahassee, Florida 32301

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7. 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 10th day of June, 2015

Signature:   
Must be signed by a Member or Authorized Representative

Printed Name: John Thomas Burnette Title: Authorized Representative

**Fees:** Filing Fee: \$25.00  
Certified Copy: \$30.00 (Optional)  
Certificate of Status: \$5.00 (Optional)