# #14000067416

(Requestor's Nar	m <b>e</b> )
(Address)	
(Address)	
(City/State/Zip/Pi	hone #)
PICK-UP WAIT	MAIL
(Business Entity	Name)
(Document Num	ber)
Certified Copies Certific	ates of Status
Special Instructions to Filing Officer:	

Office Use Only



900259050699

EFFECTIVE DATE
4-29-2014



FILED
2014 APR 24 AM 9: 58
SECRETARY OF STATE.

K. SALY EXAMINER

APR 2 5 2014



ACCOUNT NO. : I2000000195

REFERENCE : 1

106420

4332313

AUTHORIZATION :

COST LIMIT : \$ 150.0

ORDER DATE: April 24, 2014

ORDER TIME : 12:44 PM

ORDER NO. : 106420-010

CUSTOMER NO: 4332313

## DOMESTIC AMENDMENT FILING

\_\_\_\_\_\_\_

NAME: JOHNSCULLEY.COM, LLC

EFFECTIVE DATE: 04/29/2014 \*\*\*FUTURE EFFECTIVE DATE\*\*\*

XXXXX CERTIFICATE OF CONVERSION
ARTILES OF ORGANIZATION INCLUDED

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 52925

EXAMINER'S INITIALS:

# **COVER LETTER**

TO: Registration Division of C			
SUBJECT: Johns	Sculley.com, LLC		
		of Resulting Florida Li	mited Company)
Business Entity" into	a "Florida Limited Li	ability Company"	ion, and fees are submitted to convert an "Other in accordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:	
Jody L. Petras			•
	(Contact Person)		
Buchanan Inge	rsoll & Rooney F	C	
On a Outside of Ot	(Firm/Company)	0011- 51	
One Oxford Cti	r., 301 Grant St.,	20th F1.	
D'44 1 1 DA	(Address)		
Pittsburgh, PA			
davidsculley@g	City, State and Zip Code)		
	e used for future annual rep	out notifications)	
•	·		·
	on concerning this mat	•	
Jody L. Petras	<u></u>	_ <sub>at</sub> (412)3	92-2082 Daytime Telephone Number)
(Name of Conta	ct Person)	(Area Code) (	Daytime Telephone Number)
Enclosed is a check for	or the following amou	nt:	
(\$25 for Conversion & \$125 for Articles of Organization)	□\$155,00 Filing Fees and Certificate of Status	□\$180.00 Filing Fee and Certified Copy	Certified Copy, and Certificate of Status
STREET ADDRESS: MAILIN		MAILING	G ADDRESS:
Registration Section			
Division of Corporations  Clifton Building  Division of Corporations  P. O. Box 6327			
2661 Executive Center Tallahassee, FL 3230			e, FL 32314

INHS11 (01/14)



# Certificate of Conversion For "Other Business Entity" Into Florida Limited Liability Company



This Certificate 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.

(Enter	Name of Other Business Entity)		
2. The "Other Business Entity" is a	Limited liability company		
2. The "Other Business Entity" is a Limited liability company  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)			
First organized, formed or incorporat	ed under the laws of Pennsylvania		
on 1/29/2014	(Enter state, or if a non-U.S. entity, the name of the country)		
(date of organization, formation or incor	poration)		
3. The name of the Florida Limited I	Liability Company as set forth in the attached Articles of Organization:		
JohnSculley.com, LLC	•		
(Enter Name of	Florida Limited Liability Company)		
4. If not effective on the date of filin	g, enter the effective date: 4/29/14		
(The effective date: 1) cannot be produced this document is filed by the F	rior to date of receipt or filed date nor more than 90 days after the lorida Department of State; <u>AND</u> 2) must be the same as the effective of Organization, if an effective date is listed therein.)		
5. The plan of conversion has been ar	oproved in accordance with ss. 605,1041-605,1046.		

Page 1 of 2

Signed this /O day of April				
Signature of Authorized Representative of Limited Liability Company:				
Signature of Authorized Representative: 12	Title: Authorized Person			
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]			
Signature: Printed Name: David Sculley				
Printed Name; David Sculley	Title: Authorized Person			
Signature:				
Signature:Printed Name:	Title:			
Signature:				
Printed Name:				
Signatura				
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title			
Timed Name.	THE.			
Signature:				
Printed Name:	Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer			
If Directors or Officers have not been selected, an In-				
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.				
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.				
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)			



FILED

2014 APR 24 AM 9:58

SECRETARY OF STATE
FALLAHASSEE, FLORID:

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
JohnSculley.com, LLC (Must end with the words "Limited Linbility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The malling address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address;
143 Reef Road, Palm Beach, FL 33480 143 Reef Road, Palm Beach FL 33480
The name and the Florida street address of the registered agent are:  Diane Sculley  Name
143 Reef Road
Florida street address (P.O. Box NOT acceptable)
Palm Beach FL 33480
City Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company 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 performant 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  Registored Agent's Signature (REQUIRET)

(CONTINUED) Page 1 of 2

Diane Sculley

The name and address of each person aut	horized to manage and control the Limited Liability Company:		
Title:	Name and Address:		
"AMBR" = Authorized Member	<del></del>		
"MGR" = Manager			
MGR	David Sculley		
	509 Hegner Way, Sewickley, PA 15143		
MGR	John Sculley		
IVIGIT	143 Reef Road		
	Palm Beach, FL 33480		
MGR	Diane Sculley		
	143 Reef Road		
	Palm Beach, FL 33480		
<del></del>			
(Mar assachuseus (Cuannasus)	~.		
(Use attachment If necessary)	4/29/14 (ORTIONAL)		
ARTICLE V: Effective date, if other than the da	te of filing: 4/29/14 (OPTIONAL)  specific and cannot be more than five business days prior to or 90 days after		
the date of filing.)	betwee little children mene institute ansatzen ande little to be so only ante-		
ARTICLE VI: Other provisions, if any.			
· REQUIRED SIGNATURE:			
	>olley.		
(In accordance with section constitutes an affirmation I am aware that any false	nember or an authorized representative of a member.  1 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State follows as provided for in s.817.155, P.S.)		
David Sculley,	Manager Typed or printed name of signee		
	Filing Fees:		
\$125.00 Filing Fee for Articles of O \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Option	rganization and Designation of Registered Agent		

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