

L14000120279

608-41169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

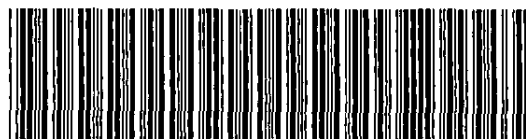
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
DEPARTMENT OF STATE
BUREAU OF CONCORDANCE
2014 JUL 31 AM 11:18
NOT ISSUED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2014 JUL 31
14 JUL 31 AM 11:50
SECRETARY OF STATE
FALLS CHURCH, VA

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 7/31/14

NAME: ANTISYN, LLC

TYPE OF FILING: CONVERSION

COST: 185.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

14 JUL 31 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FL 32305

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Antisyn, 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:

Philipp Graves

(Contact Person)

Antisyn, LLC

(Firm/Company)

4800 Spring Park Road #28

(Address)

Jacksonville, Florida 32207

(City, State and Zip Code)

pgraves@antisyn.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Philipp Graves

(Name of Contact Person)

at (904)

(Area Code)

517-1517 x201

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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

☒ \$185.00 Filing Fees,
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

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:
Antisin Corp.

(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 of Florida
on April 23, 2008 (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
Antisyn, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: August 1, 2014
(The effective date: 1) cannot be prior to date of receipt or filed date 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 listed in the attached Articles of Organization, if an effective date is listed therein.)

5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

16 JUL 31 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 30th day of July 2014.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative:

Printed Name: Philipp Graves

Title: Chief Executive Officer

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature:

Printed Name: Philip Graves

Title: CEO and Sole Director

Signature:

Printed Name: _____

Title:

Signature:

Printed Name: _____

Title:

Signature:

Printed Name: _____

Title:

Signature:

Printed Name: _____

Title:

Signature:

Printed Name:

Title:

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

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:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

09 JUL 81 07:11:50
NORFOLK ISLAND

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Antisyn, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4800 Spring Park Road #28
Jacksonville, Florida 32207

Mailing Address:

4800 Spring Park Road #28
Jacksonville, Florida 32207

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Philipp Graves

Name

4800 Spring Park Road #28

Florida street address (P.O. Box **NOT** acceptable)

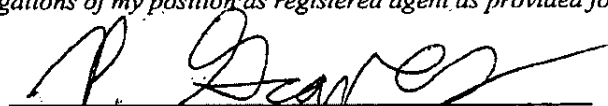
Jacksonville

City

FL 32207

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.



Registered Agent's Signature. (REQUIRED)

(CONTINUED)

14 JUL 31 AM 11:50
S. 201 7807 00 1000
FALLA, ASSIST. CLERK
NOTARY PUBLIC

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Philipp Graves

4800 Spring Park Road #28

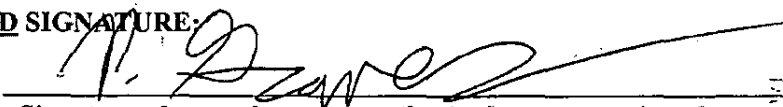
Jacksonville, Florida 32207

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 1, 2014 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Philipp Graves

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

14 JUL 31 2:11:50
STATE OF FLORIDA
DEPARTMENT OF STATE