## L140001a384a

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SUPFICIENCY OF FILING

2014 AUG - 6 PM 3: 2

DIVISION OF CONTRACT

NUG 07 2014
J. HARRIS

## 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:

08-06-14

NAME:

COTTER PIN PUBLISHING LLC

TYPE OF FILING: CONVERSION & ARTICLES OF ORGANIZATION

COST:

150

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

## 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 Converted Cotter Pin Publishing LLC  (Enter Name of Other Business Entity)  2. The "Other Business Entity" is a Elmited Liability Company  (Enter entity type. Example: composition, limited partnership, general partnership, common law or business trust, etc.)	rsion is:
2. The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: corporation, limited partnership,	
(Cuter curty type, exempter porture of turnes becausely	
(Cuter curty type, exempter porterior, turnes becausely	
First organized, formed or incorporated under the laws of New Jersey	
on 8/29/2009 (Enter state, or if a non-U.S. entity, the name of the or (date of organization, formation or incorporation)	ountry)
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Org Cotter Pln Publishing LLC	anization:
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:	
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days a	fter the
date this document is filed by the Florida Department of State; AND 2) must be the same as the	e effective
date this document is filed by the Florida Department of State; AND 2) must be the same as the 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 all applicable statutes.	e effective

Signed this $5^{+/1}$ day of $Aug$ .	20_/-4
Signature of Authorized Representative of Limite	d Liability Company:
Signature of Authorized Representative: Printed Name: Jafed L. Cotter	Title: Member
Signature(s) on behalf of Other Business Entity: [Se	ee below for required signature(s).
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature; Printed Name:	Title:
Signature: Printed Name:	
If Florida Cornoration: Signature of Chairman, Vice Chairman, Director, or Of If Directors or Officers have not been selected, an Income	ficer.
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners,	Limited Parinerable:
All others: Signature of an authorized person.	
Fees:	
Fees for Florida Articles of Organization: Certified Copy:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

SECRETARY OF STAINS

OIVISION OF SOLF GRATION

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:							
The name of the Limit	ed Liability Cor	npany is:					
Cotter Pin Publishin	QLLC						
(	Must end with t	he words "Limi	ted Liability Co	mpany, "L.L.C.,	" or "LLC.")		
ARTICLE II - Addre	tss:						
The mailing address a		s of the principa	d office of the L	imited Liability	Company is:		
Principal Office Add	ress:		Malling	Address:			
100 S. Eola Drive			.100 S. E	ola Drive			
Apt. 607			Apt. 607				
Orlando, FL 32801			Obrando	FL 32801	·····	,	
ARTICLE III - Regi (The Limited Liability another business entit	Company cann	ot scrve as its o	wa Registered /	d Agent's Sign Agent. You mus	ature: i designate an Indivi	quaj ot	
The name and the Flor	rida street addre	ss of the registe	red agent are:				
•	Jared L.	Cotter					
		N	ume		<b></b>		
	100 S Enla	Drive, Apt. 60	7				
		t address (P.O.)		table)	<del></del>		
	Ortando		FL 32	801			
		City	_	Zip			
capacity. I further t	ed in this certifi agree to comply	cate, i hereby ac with the provision in and accept the	cept the appoint ons of all statute	ment as register relating to the	stated limited liabil ed agent and agree t proper and complete gistered agent as pro	o act in perfor	this mance
	Regis	tered Agent's Si	greture (REQU	iRED)	<del></del>	14 AUG -6	SECRETAR FEET SHOUSINIE
		(CONT)	NUED)			PH	45E
		Page :	of2			:21 Hd	ಪಟ್ಟ
						٠.	ii.

<u> Citle:</u>	Name and Address:
AMBR" - Authorized Member	
MGR" = Manager	loand Oother
AMBR	Jared Cotter 100 S. Eola Drive, Apt. 607
	Orlando, FL 32801
	MINIMA. I S. MARKY
Use attachment if necessary)	
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