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P14-46345
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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ACCOUNT NO. : I2000000195 150860 REFERENCE : AUTHORIZATION : COST LIMIT : \$ 150.00 ORDER DATE: May 23, 2014 ORDER TIME : 8:39 AM ORDER NO. : 150860-005 CUSTOMER NO: 7997541 DOMESTIC CONVERSION FILING NAME: TINTECH SOLUTIONS, INC. EFFECTIVE DATE: XX___ ARTICLES OF CONVERSION RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

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

TINTECH SOLUTIONS, INC.	tity" immediately prior to the filing of this Certificate of Conversion is:
(Enter Na	ame of Other Business Entity)
2. The "Other Business Entity" is a C	orporation
(Ent	er 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 05/23/2014	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorpor	ration)
3. The name of the Florida Limited Lia	bility Company as set forth in the attached Articles of Organization:
TINTECH SOLUTIONS, L	LC
(Enter Name of Flo	orida Limited Liability Company)
4. If not effective on the date of filing, of	enter the effective date:

Page 1 of 2

Signed this 27 day of JUNE	20 <u>14</u>
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Writed Name: Martin L. Anderson	A
Printed Name: Martin L. Anderson	Title: MEMBER
Signature(s) on behalf of Other Business Entity:	See below for required signature(
	,
Signature: MA Adding Anderson	
Printed Name: Martin L. Anderson	Title: President
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	77°-1
Printed Name:	little:
Signature:	
Signature:Printed Name:	Title:
	•
Signature: Printed Name:	Title
Frinted Name:	Title.
Signature:	
Signature:Printed Name:	Title:
	•
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili	tv Partnership:
Signature of one General Partner.	•
If Florida Limited Partnership or Limited Liabilit	ry 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 (8) \$20 00 (Outpose)
Certified Copy	S30 (0 (Optional) \$5,06 (Optional)
Certificate of Status:	authoritz garterateri

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

ARTICLE II -	Address:			
	· · · · · · · · · · · · · · · · · · ·	he principal office of the Limi	ited Liability Compa	my i
g	,			٠.
Principal Office	Address:	Mailing Address:		
5112 Doe Cirde W		6112 Doe Circle W		
akeland, FL 33809	· · · · · · · · · · · · · · · · · · ·	Lakeland, FL 33809		
		· · · · · · · · · · · · · · · · · · ·		
he name and the	e Florida street address of	me registeren agent ate.		:
he name and the		me registered agent are.		•
he name and the	Corporation Service Company			:
he name and the	Corporation Service Company	lame		
he name and the	Corporation Service Company			
he name and the	Corporation Service Company N 1201 Hays Street			:
he name and the	Corporation Service Company N 1201 Hays Street	lame		
he name and the	Corporation Service Company N 1201 Hays Street Florida street address (P.O. Box <u>NOT</u> acceptable)		
	Corporation Service Company No. 1201 Hays Street Florida street address (Tallahassee City	P.O. Box <u>NOT</u> acceptable) FL 32301 Zip		
Having been no	Corporation Service Company N 1201 Hays Street Florida street address (Tallahassee City amed as registered agent an	P.O. Box <u>NOT</u> acceptable) FL 32301 Zip and to accept service of process.	for the above stated l	lmii.
Having been no liability com	Corporation Service Company N 1201 Hays Street Florida street address (Tallahassee City amed as registered agent are pany at the place designate	P.O. Box <u>NOT</u> acceptable) FL 32301 Zip and to accept service of process and in this certificate, I hereby accept service.	cept the appointmen	tie
Having been no liability com registered agent	Corporation Service Company N 1201 Hays Street Florida street address (Tallahassee City amed as registered agent are pany at the place designate to act in this can also be a service to act in this act and a service to act and a ser	P.O. Box <u>NOT</u> acceptable) FL 32301 Zip and to accept service of process.	ecept the appointment by with the provision	tas s of

Page 1 of 2

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Company	•		
Title:	Name and Address:		
"AMBR" = Authorized Member	rame and Address.		
"MGR" = Manager	•		
AMBR	Martin L. Anderson	-	
	6112 Doe Circle W		
	Lakeland, FL 33809	· · · · · · · · · · · · · · · · · · ·	
			
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(Use attachment if necessary)			· · · · · · · · · · · · · · · · · · ·
ICLE V: Effective date, if other than the a effective date is listed, the date must l	<u> </u>		(OPTIONA business d
ICLE V: Effective date, if other than the a effective date is listed, the date must l	<u> </u>		•
ICLE V: Effective date, if other than the effective date is listed, the date must 1 90 days after the date of filing.)	<u> </u>		•
ICLE V: Effective date, if other than the effective date is listed, the date must 1 90 days after the date of filing.)	<u> </u>		•
ICLE V: Effective date, if other than the n effective date is listed, the date must l 90 days after the date of filing.)	<u> </u>		•
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ICLE V: Effective date, if other than the effective date is listed, the date must 1 90 days after the date of filing.) ICLE VI: Other provisions, if any.	<u> </u>		•
ICLE V: Effective date, if other than the effective date is listed, the date must 1 90 days after the date of filing.)	<u> </u>		•
ICLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be n	nore than five	business d
ICLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be n	nore than five	business d
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ICLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (In accordance with section 405.0203)	or an authorized represed (b), Florida Statutes, the edities of perjury that the facts	ntative of a m xecution of th s stated herein	ember.
ICLE V: Effective date, if other than the reflective date is listed, the date must be 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (It constitutes an affirmation under the penal Lam aware that any false information sul	or an authorized representation of perjury that the facts be mitted in a document to the	ntative of a m xecution of th s stated herein	ember, is document are true; of State
ICLE V: Effective date, if other than the reflective date is listed, the date must be 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (It constitutes an affirmation under the penal Lam aware that any false information sul	or an authorized representation of perjury that the facts be mitted in a document to the	ntative of a m xecution of th s stated herein	ember.
ICLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (I constitutes an affirmation under the penal I am aware that any false information sul constitutes a third degree felony as provi	or an authorized representation of perjury that the facts be being the facts of the ded for in s.817.155, F.S.)	ntative of a m xecution of th s stated herein e Department	ember, is document are true; of State
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (1 constitutes an affirmation under the penal I am aware that any false information sul constitutes a third degree felony as provi	or an authorized representation of perjury that the facts be mitted in a document to the	ntative of a m xecution of th s stated herein e Department	ember, is document are true; of State

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

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

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