# L14006160741

(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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SECRETARY OF STATE
TALLAHASSEE FLORID

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#### COVER LETTER

TO:	Registration S Division of C						
SURT	ECT: Sysolog	gy, LLC					
S C D G		(Name o	of Re	sulting Florida	Limited	d Company)	
				_		d fees are submitted to convert an "Cocordance with s. 605.1045, F.S.	Other
Please	return all corre	espondence concerning	g thi:	s matter to:			
Alex 2	Zaldivar						
	· · · · · · · · · · · · · · · · · · ·	(Contact Person)					
Sysol	ogy						
		(Firm/Company)					
2400	E. Commerci	al Blvd., Ste. 420					
		(Address)					
Ft. La	uderdale, Flo	rida 33308					
	(0	City, State and Zip Code)	-				
alex@	dynamicsex	pert.com					
E-m	ail Address: (to b	e used for future annual rep	ort n	otifications)			
For fu	rther informatio	on concerning this mat	ter,	please call:			
Gusta	vo Lamelas		at	(305	200-	-8757	
	(Name of Conta	ct Person)		(Area Code)	(Day	time Telephone Number)	
Enclos	sed is a check for	or the following amou	nt:				
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing I I Certified Copy		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Regist Division Clifton 2661 E	ET ADDRESS ration Section on of Corporation Building Executive Center assee, FL 3230	ons er Circle		Registra Divisior P. O. Bo	ition S n of C ox 632	Corporations	

INHS11 (02/14)

# Articles of Conversion For

### "Other Business Entity"

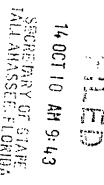
lnto

#### Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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 corpora	ation
(Enter enti	ty type. Example: corporation, limited partnership, l partnership, common law or business trust, etc.)
First organized, formed or incorporated unde	er the laws of Florida
on 12/18/2006	(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:
Consider the Constant of the C	
Sysology, LLC	
	Limited Liability Company)
(Enter Name of Florida I	• • •
4. If not effective on the date of filing, enter (The effective date: 1) cannot be prior to date this document is filed by the Florida l	• • •
4. If not effective on the date of filing, enter (The effective date: 1) cannot be prior to date this document is filed by the Florida l	the effective date: 10/15/2014 date of receipt or filed date nor more than 90 days after the Department of State; AND 2) must be the same as the effective unization, if an effective date is listed therein.)

Page 1 of 2



Signed this 26th day of September	20 <u>14</u> .			
Signature of Authorized Representative of Limite	d Liability Company:			
Signature of Authorized Representative:	Title: Manager			
Signature(s) on behalf of Other Business Entity: [Se	ee below for required signature(s).)			
Signature:	Title: Director / President			
Signature:Printed Name:	Title:			
Signature:Printed Name:				
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Of If Directors or Officers have not been selected, an Inco				
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 Partnership:			
All others: Signature of an authorized person.		SECRET	14 OCT 10	,
Fees:		388) ANK	10	1,4
Fees for Florida Articles of Organization: Certified Copy:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	OF STAPE		日本の大の

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Sysology, LLC	(1) (1) (1) (1) (1)	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the printing.	ncipal office of the Limited Liab	oility Company is:
Principal Office Address:	Mailing Address:	
2400 E. Commercial Blvd.	2400 E. Commercial Blvd.	
Ste. 420	Ste. 420	
Ft. Lauderdale, Florida 33308	Ft. Lauderdale, Florida 3330	<u> </u>
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	red Agent. You must designate an individu	
Alex Zaldivar	·	
Name		
2400 E. Commercial Blvd.	, Ste. 420	
Florida street address (P.O.	Box NOT acceptable)	
Ft. Lauderdale	FL 33308	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete part accept the obligations of my position as regions.	this certificate, I hereby accept the ly. I further agree to comply with erformance of my duties, and I an	ne appointment as n the provisions of all n familiar with and
My		SEC.
Registered Agent's Signa (CONTINU	nture (REQUIRED)  JED)	OCT 10 AN

Page 1 of 2

ARTICLE IV-	
The name and address of Company:	each person authorized to manage and control the Limited Liability
Title:	Name and Address:

<u>fitle:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	George Schimenti	
	2400 E. Commercial Blvd., Ste. 420	
	Ft. Lauderdale, Florida 33308	
MGR	Joel Boniske	
	2400 E. Commercial Blvd., Ste. 420	
	Ft. Lauderdale, Florida 33308	
	Tt. Education, Florida 00000	
MGR	Alex Zaldivar	
WGK		
	2400 E. Commercial Blvd., Ste. 420	
	Ft. Lauderdale, Florida 33308	
(Use attachment if necessary)		
(Ose attachment if necessary)		
If an effective date is listed, the date mu to or 90 days after the date of filing.)	the date of filing: 10/15/2014 . (OPTIONAL) st be specific and cannot be more than five business day	
ARTICLE VI: Other provisions, if any.		_
REQUIRED SIGNATURE:		
,	Mr. Mr. J	
,		
	//////// Exp	
Signature of a mam	har for a received representative of a model #	
	ber of an authorized representative of a member.	
(In accordance with section 605.0203	(1) (b), Florida Statutes, the execution of this document	· . · .
(In accordance with section 605.0203 constitutes an affirmation under the per-	(1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true.	A' Taobh Nathra
(In accordance with section 605.0203 constitutes an affirmation under the polyam aware that any false information	(1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true.  submitted in a document to the Department of State	H F A TASSA D WART R
(In accordance with section 605.0203 constitutes an affirmation under the per-	(1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true.  submitted in a document to the Department of State	4
(In accordance with section 605.0203 constitutes an affirmation under the per I am aware that any false information constitutes a third degree felony as pro-	enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State ovided for in s.817.155, F.S.)	A TABLE
(In accordance with section 605.0203 constitutes an affirmation under the per I am aware that any false information constitutes a third degree felony as pro-	enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State ovided for in s.817.155, F.S.)	4
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\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)