

L15000014820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

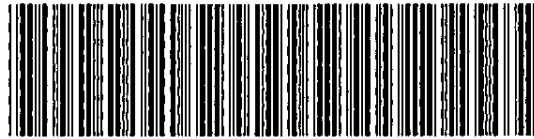
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W15-1956

Office Use Only



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01/09/15--01004--017 **150.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2015 JAN -9 PM 10:47
2015 JAN -9 AM 9:11
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING
SECRETARY OF STATE
TALLAHASSEE FLORIDA
FILED

JAN 27 2015

J. BRUCE

JAN 9 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2015

CT CORPORATION SYSTEM

SUBJECT: MITB SOLUTIONS, LLC
Ref. Number: W15000001956

RE-SUBMIT

Please retain original filing
date of submission 1/9

We have received your document for MITB SOLUTIONS, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 915A00000545

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

↓
Annual report is filed.

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-205-8842

MITB SOLUTIONS, INC. P10000046323

Check Attached

RE-SUBMIT

Please retain original filing
date of submission 1/9

☐ Nonprofit

☐ Domestic Corporation

☐ Limited Partnership

☐ LLC

☐ Certified Copy

☒ Walk In

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

W.P. Verifier

☐ Amendment

☐ Dissolution/Withdrawal

☐ Reinstatement

☐ Annual Report

☐ Name Registration

☐ Fictitious Name

☐ Photocopies

☐ Will Wait

☐ Merger

☐ Mark

☒ Other
CONVERSION

☐ CUS

☐ After 4:30

☒ Pick Up

Order#:

BIZFILINGS

Ref#:

Amount: \$

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TALLAHASSEE FLORIDA

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 JAN 26 AM 11:19
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

1/9/2015

KM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MITB Solutions, LLC

(Name of Resulting Florida Limited Company)

The enclosed Certificate 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:

Jessica Marschke

(Contact Person)

Business Filings Incorporated

(Firm/Company)

8020 Excelsior Dr., Suite 200

(Address)

Madison, WI 53717

(City, State and Zip Code)

agent@bizfilings.com

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

For further information concerning this matter, please call:

Jessica Marschke at (800) 981-7183

(Name of Contact Person)

(Area Code)

(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

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TALLAHASSEE FLORIDA

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.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
MITB Solutions, Inc.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Corporation 010000046323
(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 6/1/2010
(date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the country)

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

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TALLAHASSEE FLORIDA

Signed this 6 day of January 2015

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Cristin Steyn
Printed Name: Cristin Steyn Title: Member

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

Signature: Cristin Steyn
Printed Name: Cristin Steyn Title: President

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)

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TALLAHASSEE FLORIDA

**ARTICLES OF ORGANIZATION
OF
MITB Solutions, LLC**

ARTICLE I NAME

The name of the limited liability company is: MITB Solutions, LLC

ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 11402 Buckley Wood Court, Windermere, Florida 34786.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

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..

Signature:  _____

Date: 1/5/2015

Mark Williams, A.V.P. Business Filings Incorporated

ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the members and the name and address of the members of the Limited Liability Company are:

Cristin Steyn, 11402 Buckley Wood Court, Windermere, Florida 34786

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ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.



Date: 1/5/2015

(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.)

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8020 Excelsior Dr., Suite 200, Madison, WI 53717
800-981-7183

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