

L150000027083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

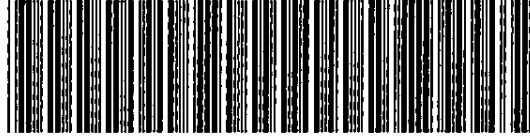
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12/22/14--01035--026 \*\*150.00

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2015 FEB 12 AM 9:59

CLERK OF STATE  
TALLAHASSEE, FLORIDA

N. Griffin FEB - 4 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Skillup Learning LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Domestication and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jessica Marschke

\_\_\_\_\_  
Name of 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 notification)

For further information concerning this matter, please call:

Jessica Marschke

800

981-7183

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



# CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301

850-205-8842

**SKILLUP LEARNING LLC**

**\*\*\*\*Please give to Neysa Culligan\*\*\***

☐ 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: \$

RECEIVED  
15 FEB 12 PM 1:33  
DIVISION OF CORPORATIONS

2/12/2015

KM



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 4, 2015

CT CORPORATION SYSTEM

SUBJECT: SKILLUP LEARNING LLC  
Ref. Number: W15000000796

We have received your document for SKILLUP LEARNING 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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 415A00000220

FILED

2015 FEB 12 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:  
Skillup Learning LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Foreign LLC  
(Enter entity type. Example: corporation, limited partnership,  
general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of California  
on 1/21/2014  
(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**:  
Skillup Learning 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 all applicable statutes.

Signed this 28<sup>th</sup> day of January 20 14.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: [Signature]  
Printed Name: Robert Firebaugh Title: Member

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

Signature: [Signature]  
Printed Name: Robert Firebaugh Title: Member

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)

**ARTICLES OF ORGANIZATION  
OF  
Skillup Learning LLC**

**ARTICLE I            NAME**

The name of the limited liability company is: Skillup Learning LLC

**ARTICLE II            ADDRESS**

The principal place of business and mailing address of this Limited Liability Company shall be:  
8801 Latrec Ave, Apt 302, Orlando, Florida 32819

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

Date: September 9, 2014

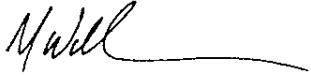
**ARTICLE IV            MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the members and the name and address of the member of the limited liability company is:

Robert Firebaugh, 8801 Latrec Ave, Apt 302, Orlando, Florida 32819

**ARTICLE V            DURATION**

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



Date: September 9, 2014

*(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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA