# 1500101159

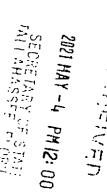
| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| □ PICK-JP □ WAIT MAIL                   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer  |  |  |  |  |  |
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Office Use Only



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## **COVER LETTER**

| Section<br>Corporations                              |  |  |  |  |
|--|--|--|--|--|
| yer, LLC   |  |  |  |  |
|  | Limited Liability Compar   | ıy   |  |  |
|  |  |  |  |  |
| espondence concernin                                 | ng this matter to:   |  |  |  |
|  |  |  |  |  |
| Contact Person                                       |  |  |  |  |
| irm  |  |  |  |  |
| Firm/Company   | ·  |  |  |  |
|  |  |  |  |  |
| Address  | _  |  |  |  |
| 03   |  |  |  |  |
| City, State and Zip Code                             | _  |  |  |  |
| autier.com   |  |  |  |  |
| be used for future annual                            | report notification)   |  |  |  |
| ion concerning this ma                               | ntter, please call:  |  |  |  |
| Jack E. Kiker, III                                   |  | -3300  |  |  |
| erson  | Area Code and Da   | ytime Telephone Number   |  |  |
| for the following amou                               | unt:   |  |  |  |
| ☐ \$30.00 Filing Fee<br>and Certificate of<br>Status | ☐\$55.00 Filing Fee and Certified Copy   | ☐ \$60.00 Filing Fee.<br>Certified Copy, and<br>Certificate of Status  |  |  |
| Mailing Address:                                     |  | ess:   |  |  |
| Registration Section                                 |  | Registration Section   |  |  |
| tions  | Division of Corporations   |  |  |  |
| 1.4  | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810   |  |  |  |
| יד ו   |  | - , -  |  |  |
|  | Name of Florida es of Conversion and fompany into an "Other contact Person irm  Firm/Company  Address  O3  City, State and Zip Code autier.com be used for future annual ion concerning this material erson  for the following amore  \$30.00 Filing Fee and Certificate of Status | Name of Florida Limited Liability Companies of Conversion and fee(s) are submitted to impany into an "Other Business Entity" in a respondence concerning this matter to:  Contact Person irm  Firm/Company  Address  03  City. State and Zip Code  autier.com  be used for future annual report notification)  fon concerning this matter, please call:  at (\frac{850}{Area Code and Da}) \frac{386}{Area Code and Da}  for the following amount:  \Begin{array} \text{Street Addr}{\text{Registration}} \text{Street Addr}{\text{Registration}} \text{Street Addr}{\text{Registration}} Division of the Centre of Th |  |  |

CR2E106 (05/17)

### **Articles of Conversion**

For

# Florida Limited Liability Company

Into

### "Converted or Other Business Entity"

The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045, Florida Statutes.

| 1. The name of the Florida Limited Liability Compa<br>Business Entity" is:  | any converting into the                                       | : "Other                          |
|---|---|-----------------------------------|
| AddedLayer, LLC   |   |                                   |
| Enter Name of Florida Limited Lia   | bility Company  | ·                                 |
| 2. The name of the "Converted or Other Business E   | intity" is:   |                                   |
| AddedLayer, LLC   |   |                                   |
| Enter Name of "Converted or Other   | Business Entity"  | <del></del> ·                     |
| 3. The "Converted or Other Business Entity" is a Li (Enter entity type. Example: corporation, limited partnership, sole probusiness trust, etc.)  | imited Liability Company (<br>roprietorship, general partners |                                   |
| organized, formed or incorporated under the laws of (Enter stat The formation document is attached (if applicable).   | e, or if a non-U.S, entity, the r                             | name of the country)              |
| 4. The plan of conversion was approved by the conv<br>Company in accordance with Chapter 605, F.S.  | verting Florida Limited                                       | l Liability                       |
| 5. This conversion shall be effective in Florida on:  | February 18, 2021   |                                   |
| (The effective date: 1) cannot be prior to nor more than 90 days after Department of State; <u>AND</u> 2) must be the same as the effective date o "Other Business Entity.")  |   |                                   |
| <u>Note:</u> If the date inserted in this block does not meet the applicability will not be listed as the document's effective date on the Department of the Depa |   | rements, the late 17 miles 12: 39 |

- 6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":
  - a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

| Street .  | Address:  | 50 S Main St. Suite 200 #175 |                                   |         |   |  |  |
|---|---|------------------------------|-----------------------------------|---------|---|--|--|
|   |   | Naperville, IL 60540         | )                                 |         |   |  |  |
| Mailing Address:  |   | 50 S Main St, Suite 200 #175 |                                   |         |   |  |  |
|   | _   | Naperville, IL 60540         |                                   |         |   |  |  |
| app   |   | amount to which              |                                   |         | ny members having<br>I under ss. 605.1006 |  |  |
| Signed  | this21st  | day of                       | Fel                               | bruary  | , 20                                      |  |  |
| Signature:  Must be signed by a Member or Authorized Representative |   |                              |                                   |         |   |  |  |
| Printed   | l Name: Ryan F                                    | Copinsky                     | Title:                            | Manager |   |  |  |
| Fees:   | Filing Fee:<br>Certified Copy<br>Certificate of S | v: \$30                      | 5.00<br>0.00 (Optio<br>.00 (Optio | •       |   |  |  |