

L15000 106295

(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

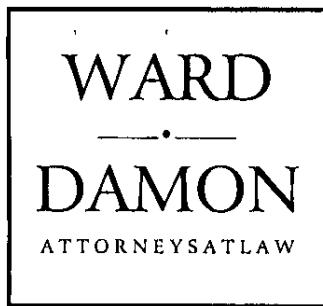


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15 JUN 17 AM 8:50
ALLA HEBBARD, CLERK
TALLAHASSEE, FLORIDA

YMD 6/23



4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407
Tel: (561) 842-3000
Fax: (561) 842-3626
www.warddamon.com

Adam R. Seligman, Esquire
ASeligman@warddamon.com

June 16, 2015

Division of Corporations
Registration Section
2661 W. Executive Center Cir
Clifton Bldg
Tallahassee, FL 32301

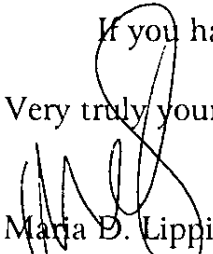
Re: Leading Edge Moble LLC

Sir/Madam:

Enclose please find the documents for the conversion of the above-referenced entity from a corporation to a limited liability company. Please forward a copy of the filing in the self-addressed stamped envelope provided herein.

If you have any questions please feel free to contact the undersigned.

Very truly yours,



Maria D. Lippiello, Legal Assistant to
Adam R. Seligman, Esq.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEADING EDGE MOBILE LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles 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:

Adam R. Seligman, Esq.

(Contact Person)

Ward Damon PL

(Firm/Company)

4420 Beacon Circle

(Address)

West Palm Beach, FL 33407

(City, State and Zip Code)

ASELIGMAN@WARD DAMON.COM

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

For further information concerning this matter, please call:

Adam R. Seligman, Esq.

at (561) 842-3000

(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

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

15 JUN 17 AM 9:58
RECEIVED
FIDELITY & BOND

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:
LEADING EDGE MOBILE INC. P15800048541

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Corporation.
(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 June 1, 2015 (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**:
LEADING EDGE MOBILE LLC
(Enter Name of Florida Limited Liability Company)

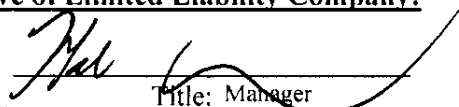
4. If not effective on the date of filing, enter the effective date: date of filing.
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 16th day of June 2015.

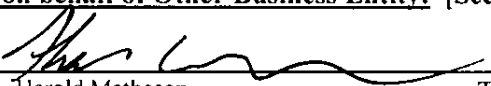
Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 

Printed Name: Harold Matheson

Title: Manager

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

Signature: 

Printed Name: Harold Matheson

Title: President/Director

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)

15 JUN 17 AM 9:58
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LEADING EDGE MOBILE LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4121 NW 5TH AVENUE
BOCA RATON, FL 33431

Mailing Address:

4121 NW 5TH AVENUE
BOCA RATON, FL 33431

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Adam R. Seligman, Esq

Name

4420 Beacon Circle

Florida street address (P.O. Box **NOT** acceptable)

West Palm Beach

FL 33407

City

Zip

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

HAROLD MATHESON

4121 NW 5TH AVENUE

BOCA RATON, FL 33431

MICHAEL SHANE

235 SUNRISE AVENUE, SUITE 2250

PALM BEACH, FL 33480

15 JUN 17 AM 8:58

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

The Members acknowledge that only HAROLD MATHESON and MICHAEL SHANE are the Members with the right to vote. No other Members may vote on LLC matters or act or bind the LLC in any manner.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0205 (3), 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.)

HAROLD MATHESON

Typed or printed name of signee

Filing Fees

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

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)