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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only

YUN 2 3 2015 T. SCOTT



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SUFFICENCY ACTIONS 45

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SUNSHINE CORPORATE & FILING SERVICES, INC.

3458 LAKESHORE DRIVE TALLAHASSEE, FLORIDA 32312 (850) 656-4724 TOLL FREE: 844-541-6792

COVER LETTER

| WALK IN |
|---|
| ENTITY NAME: Martin Professional, Inc |
| CK # |
| AMOUNT: 150^{∞} |
| PLEASE FILE THE ATTACHED AND RETURN: |
| X PLAIN COPY |
| _ CERTIFIED COPY |
| PLEASE CONTACT TINA AT 850-508-1891 FOR FURTHER INFORMATION ON THIS MATTER. |
| THANK YOU! |
| TINA GOFF, PRESIDENT |

Articles of Conversion

For

"Other Business Entity"

Into

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.

| 1. The name of the "Other Business MARTIN PROFESSIONAL, INC. | Entity" immediately prior to the filing of the Articles of Conversion is: |
|--|--|
| (Enter | Name of Other Business Entity) |
| 2. The Onici Dushiess Entity is a | Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| First organized, formed or incorporate | ted under the laws of Florida |
| May 20, 1996 | (Enter state, or it a non-U.S. entity, the name of the country) |
| (date of organization, formation or inco | rporation) |
| 3. The name of the Florida Limited | Liability Company as set forth in the attached Articles of Organization: |
| MARTIN PROFESSIONAL, LLC | |
| (Enter Name o | f Florida Limited Liability Company) |
| 4. If not effective on the date of filin | ig, enter the effective date: |
| date this document is filed by the F date listed in the attached Articles | rior to date of receipt or filed date nor more than 90 days after the Florida Department of State; <u>AND</u> 2) must be the same as the effective of Organization, if an effective date is listed therein.) not meet the applicable statutory filing requirements, this date will not be listed as the it of State's records. |
| 5. The plan of conversion has been a | pproved in accordance with all applicable statutes. |

Page 1 of 2

| Signed this 1st day of June | 20_15 |
|---|-------------------------------------|
| Signature of Authorized Representative of Limi | / |
| Signature of Authorized Representative: | |
| Printed Name: Todd Suko | Title: Disector |
| Signature(s) on behalf of Other Business Entity: | See below for required signature(s) |
| Signature: Sell Cold | |
| Printed Name: Todd Suko | Title: Director, VP |
| Signature: | |
| Printed Name: | Title; |
| Signature: | |
| Printed Name: | |
| | |
| Signature:Printed Name: | Title: |
| Trined Harre. | |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Signature: | Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In | |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: |
| If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners. | ty Limited Partnership: |
| All others: Signature of an nuthorized person. | |
| Fees: | |
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | |
| Certified Copy: | \$30,00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | | • | |
|-----------------|--|--|-----------|
| MARTIN PROF | ESSIONAL, LLC | | |
| | (Must end with the words "Limited | Liability Company, "L.L.C.," or "L.L.C.") | |
| ARTICLE II | _ Address | | |
| | | the principal office of the Limited Liability Co | mnany is: |
| _ | | | |
| Principal Off | ice Address: | Mailing Address: | |
| | | | |
| 3300 Corporate | Avenue | 400 Atlantic Street | |
| Suite 108 | | Stamford, CT 069-01 | |
| Weston, FL 3333 | <u> </u> | | |
| • | the Florida street address of | the registered agent are; | , |
| | Clifford I. Hertz, P.A. | | |
| | | Name | |
| | | · · · · · · · · · · · · · · · · · · · | |
| | One N. Clematis Street, St | ite 500 | · |
| | One N. Clematis Street, St | · · · · · · · · · · · · · · · · · · · | |
| | One N. Clematis Street, St | ite 500 | |
| | One N. Clematis Street, St Florida street address | (P.O. Box <u>NOT</u> acceptable) | |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

| Title: | Name and Address: |
|--|--|
| "AMBR" = Authorized Member | |
| "MGR" = Manager MGR | Martin Professional ApS |
| WOI | plof lalmes tile 18 |
| | 8100 Agrhus Denmark |
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| effective date is listed, the date mus | he date of filing: (OPTIONAL (OPTIONAL) |
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