L15000108400

(Requestor's Name)
(Address)
(Address)
(,
(City/State/Zip/Phone #)
(Oity/State/Zip/Fillone #)
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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06/22/15--01021--007 **150.00

SECRETARY OF STATE



1/4

COVER LETTER

	.4				
TO: Registration Division of C					
SUBJECT: Smart Sin	mple Systems, LLC				
50b0EC1	(Name	of Resulting Florida I	_imited	l Company)	
The enclosed Article Business Entity" into	es of Conversion, Artic o a "Florida Limited Li	les of Organizatio lability Company	n, and	d fees are submitted to convert an "Coordance with s. 605.1045, F.S.)ther
Please return all corr	respondence concernin	g this matter to:			
Casey Wilson					
	(Contact Person)				
Ascentia FE, LLC					
	(Firm/Company)				
2202 N. Westshore Blvd	d., Suite 200				
	(Address)				
Tampa, FL 33607					
	(City, State and Zip Code)				
cw@ascentiafe.com					
E-mail Address: (to	be used for future annual re	port notifications)			
For further informat	ion concerning this ma	tter, please call:			
Casey Wilson		_at (⁸¹³)	448-6	558	
(Name of Cont	act Person)	(Area Code)	(Day	time Telephone Number)	
Enclosed is a check	for the following amou	ınt:			
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing I and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES	SS:	MAILI	NG A	ADDRESS:	

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

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

INHS11 (02/15)

Articles of Conversion For

"Other Business Entity"

Into

Florida Limited Liability Company

15 JUN 22 PM 2: 13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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.

 The name of the "Other Busine Smart Simple Systems, LLC 	ess Entity" immediately prior to the filing of the Articles of Conversion is:
	nter Name of Other Business Entity)
2. The "Other Business Entity" is	limited liability company
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorpo	orated under the laws of Nevada
8/28/2009	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or it	ncorporation)
3. The name of the Florida Limite Simple Smart Systems, LLC	ed Liability Company as set forth in the attached Articles of Organization:
(Enter Nam	ne of Florida Limited Liability Company)
4. If not effective on the date of f	iling, enter the effective date:
date this document is filed by th date listed in the attached Artic	te prior to date of receipt or filed date nor more than 90 days after the ne Florida Department of State; <u>AND</u> 2) must be the same as the effective les of Organization, if an effective date is listed therein.) loes not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
5. The plan of conversion has bee	n approved in accordance with all applicable statutes.

Page 1 of 2

APPROVE

Signed thi	s 16th	day of June		20_15	15 JUN 22 PM 2: 1	
Signature	of Authori	ized Representative of	f Limite	d Liability Company:		_
Signature Printed Na	of Authoriza me: <u>Samantha</u>	ed Representative:	hra	Title: Manager	SECRETARY OF STATE TALLAHASSEE FLORID	: 4
Signature	(s) on behal	f of Other Business En	tity: [S	ee below for required signature	e(s)	
Signature:	Jan	antho Wieldles	ton			
Printed Na	me: Samantha	Middleton		Title: Manager		
Signature: Printed Na	me:			Title:		
Signature:						
Printed Na	me:		<u>_</u>	Title:		
Signature: Printed Na	.me:			Title:	<u> </u>	
Signature: Printed Na	me:			Title:		
Signature: Printed Na			···.	Title:		
Signature of If Director	s or Officers	, Vice Chairman, Directo have not been selected, rtnership or Limited L	, an Inco	rporator must sign.		
		<u>rtnership or Limited L</u> neral Partners.	<u>iability</u>	Limited Partnership:		
All others Signature	<u>:</u> of an authori	zed person.				
Fees:						
Fee Ce	ticles of Cor es for Florid rtified Copy rtificate of S	la Articles of Organizat	tion:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Smart Simple Systems, LLC (Must end with the words "Limited Liability	y Company. "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1419 Salmonberry St. Wesley Chapel, FL 33543	1419 Salmonberry St. Wesley Chapel, FL 33543
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re-	ш
Incorp Services, Inc.	
Name	STATE STATE
17888 67th Court North	Çm ↔
Florida street address (P.O.	Box NOT acceptable)
Loxahatchee	FL 33470
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.

MM UM Notatic Pales on behalf of Incop Services, Inc.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



Company:	
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address: SECRETARY OF STATE AND TALLAHASSEE. FLORIDA
MGR = Manager	Samantha Middleton
	1419 Salmonberry St.
	Wesley Chapel, FL 33543
MGR	Brandon Middleton
	1419 Salmonberry St.
	Wesley Chapel, FL 33543
(Use attachment if necessary) CLE V: Effective date, if other the	an the date of filing: (OPTIONAL
CLE V: Effective date, if other the effective date is listed, the date of days after the date of filing.) The date inserted in this block does not not's effective date on the Department of	an the date of filing: (OPTIONAL nust be specific and cannot be more than five business da meet the applicable statutory filing requirements, this date will not be lis State's records.
CLE V: Effective date, if other the effective date is listed, the date in days after the date of filing.) The date inserted in this block does not	must be specific and cannot be more than five business da meet the applicable statutory filing requirements, this date will not be lis
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CLE V: Effective date, if other the effective date is listed, the date of days after the date of filing.) The date inserted in this block does not not's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	must be specific and cannot be more than five business da meet the applicable statutory filing requirements, this date will not be lis State's records.
CLE V: Effective date, if other the effective date is listed, the date of days after the date of filing.) The date inserted in this block does not not's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 605. enstitutes an affirmation under the	meet the applicable statutory filing requirements, this date will not be lis State's records. Cartalletor Ember or an authorized representative of a member. 20205 (3), Florida Statutes, the execution of this document expendities of perjury that the facts stated herein are true. on submitted in a document to the Department of State
CLE V: Effective date, if other the effective date is listed, the date of days after the date of filing.) The date inserted in this block does not not's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 605. Institutes an affirmation under the arm aware that any false information).	meet the applicable statutory filing requirements, this date will not be lis State's records. Cartalletor Ember or an authorized representative of a member. 20205 (3), Florida Statutes, the execution of this document expenalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State provided for in s.817.155, F.S.)
CLE V: Effective date, if other the effective date is listed, the date of days after the date of filing.) The date inserted in this block does not not's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 605, onstitutes an affirmation under the am aware that any false information stitutes a third degree felony as	meet the applicable statutory filing requirements, this date will not be liss State's records. Control of the statutory filing requirements, this date will not be liss state's records. Control of this date will not be liss stated of a member. O205 (3), Florida Statutes, the execution of this document expensities of perjury that the facts stated herein are true, on submitted in a document to the Department of State provided for in s.817.155, F.S.)