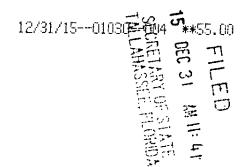


(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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SLORETARY OF STATE

DEC 31 PM 3: 02

EFFECTIVE DATE

JAN 0 4 2016 S. YOUNG



CT Corporation

515 East Park Avenue Tallahassee, FL 32301 850 558 1930 tel⁽⁺⁾ 855 637 1628 fa⁽⁺⁾ www.ctcorporation.com

December 31, 2015

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 9830096 SO

Customer Reference 1:

119761-0001

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Vertical Craft, LLC (FL) Conversion Florida

Vertical Craft, LLC (FL)
Obtain Document - Misc - Certified copy of conversion
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com



COVER LETTER

Division of Corpo					
SUBJECT: Vertical Craft, I	LLC				
Sobole 1.	Name of Florida	Limited Liability Comp	pany		
The enclosed Articles of C Limited Liability Compar s.605.1045, F.S.		7 /			
Please return all correspo	ndence concernin	g this matter to:			
Dhruv Joshi					
Co	ontact Person				
			Es =		
Firm/Company			SECT ALL		
947 Bird Bay Ct, Apt 201		·	AFT PEC	, T	
	Address		ASSET ASSET	T1000	
Lake Mary, FL, 32746				i '	
City, S	tate and Zip Code			: `	
dhruv.joshi@socialrockfish.co	om		TIND THE TABLE	· -	
E-mail address: (to be us	ed for future annual	report notification)			
For further information co	oncerning this ma	itter, please call:			
Dhruv Joshi at (2		at (²¹³) ⁴	13 478-0757		
Name of Contact Person			Daytime Telephone Number	_	
Enclosed is a check for th	e following amou	ant:			
	\$30.00 Filing Fee Certificate of tus	□\$55.00 Filing Fee and Certified Copy	■ \$60.00 Filing Fee, Certified Copy, and Certificate of Status		
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 CR2E106 (07/14)		Registration of P. O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314		

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 Company converting into the "Other Business Entity" is:
Vertical Craft, LLC
Enter Name of Florida Limited Liability Company
2. The name of the "Converted or Other Business Entity" is:
Vertical Craft, Inc.
Enter Name of "Converted or Other Business Entity"
Enter Name of "Converted or Other Business Entity" 3. The "Converted or Other Business Entity" is a Corporation (Enter entity type. Example: corporation limited partnership, sole proprietorship.
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.) organized, formed or incorporated under the laws of Delaware
(Enter state, or if a non-U.S. entity, the name of the country) On December 31, 2015
(Date of organization, formation or incorporation)
and the formation document is attached (if applicable).
4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.
5. This conversion shall be effective in Florida on: December 31, 2015 (The effective date: 1) cannot be prior to 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 of the conversion under the laws governing the "Other Business Entity.")
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.

- 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:	947 Bird Bay Ct, Apt 201, Lake Mary, FL, 32746						
Mailin	ng Address:	947 Bird Bay Ct, Apt 201, Lake Mary, FL, 32746						
app		Other Business Entity" has agreed to pay any men amount to which such members are entitled under 1072, F.S.	_					
Signed this		day of	_, 20_15					
Signat	ure:	Must be signed by a Member or Authorized Representat	ive EG	ते -				
Printe	d Name: Dhruv	Joshi CEO Title:	AHA S					
Fees:	Filing Fee: Certified Copy Certificate of	· • • • • • • • • • • • • • • • • • • •	SEE, H. OND RY OF STATE					

Page 2 of 2