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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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09/18/15--01032--021 **155.00



T. Burch SEP 2.5 MIS

COVER LETTER

TO: Registration Section Division of Corporation					
SUBJECT: W	ireless (Name of	Resulting Florida Limited	L C		
The enclosed Articles of Business Entity" into a "	Conversion, Article Florida Limited Lia	es of Organization, and bility Company" in ac	I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.		
Please return all correspo	ondence concerning	this matter to:			
Roger "	Simps Contact Person)	son_ ULC			
	Firm/Company) OX 42	19			
Apopk	(Address) A F L State and Zip Code)	3-2704			
E-mail Address: (lo be us	DI QUITA		com		
For further information of (Name of Contact Po	Simpson	at 402)74	1 375 O time Telephone Number)		
Enclosed is a check for the following amount:					
(\$25 for Conversion and	\$155 00 Filing Fees ad Certificate of tatus	\$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 C Tallahassee, FL 32301		MARLING A Registration S Division of Co P. O. Box 632 Tallahassee, F	ection orporations 17		

INHS11 (06/15)

Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

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:
(Enter Name of Other Business Entity) Pub 000 1023 5 7
2. The "Other Business Entity" is a Corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida (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: Wireless Legal LLC
(Enter Name of Florida Limited Liability Company) 4. If not effective on the date of filing, enter the effective date: 9/15/15
(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
Socument's effective date on the Department of State's records The plan of conversion has been approved in accordance with all applicable statutes.

Page 1 of 2



Signed this 15th day of September	15					
•						
Signature of Authorized Representative of Limi	_					
Signature of Authorized Representative:	m &					
Printed Name: 471.7	Title Day 1					
Printed Name: Boyer Simpson	Title. Fra. S. Alen					
Signature(s) on behalf of Other Business Entity:	(See below for required signature(s))					
Signature: R.M. Signature	2 , ,					
Printed Name: Roger Supplement	Title: President / Chairman					
Signature:						
Signature:Printed Name:	Title:					
Signature:	·····					
Printed Name:	Title:					
Signature:						
Printed Name:	Title:					
Signature:Printed Name:						
Printed Name:	Title:					
C:						
Signature:Printed Name:						
Finied Name:						
If Florida Corporation:						
Signature of Chairman, Vice Chairman, Director, or	Officer.					
If Directors or Officers have not been selected, an In-						
If Florida General Partnership or Limited Liabili	ty Partnership:					
Signature of one General Partner.						
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:					
Signatures of ALL General Partners.						
All others:						
Signature of an authorized person.						
Fees:						
Articles of Conversion:	\$25 AA					
Fees for Florida Articles of Organization:	\$25.00 \$125.00					
	•					
Certified Copy: Certificate of Status:	\$30.00 (Optional)					
Certificate of Status:	\$5.00 (Optional)					

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SECRETARY OF STATE
TALLAHASSEE FEOSIO

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Wireless Legal, LLC	
(Must end with the words "Limited Liability Company, "L.L.C." or "LLC")	

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:

Mailing Address:

2256 Home Again Rd Apopka, FL 327/2 P.O. Box 4219 Apople, FL 32204

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:

Koger Simpson
Name

2256 Home Again Rd
Florida street address (P.O. Box NOT acceptable)

Apopka FL 32712

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)

Page 1 of 2

15 SEP 18 PM L: 19
SECRETARY OF STATE
TALLAHASSEE, FLORID

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Roger Simpson 2296 Home Again Rd Apop Ka, FL 327/2	
		15 SI SECA TALLA
(Use attachment if necessary) TICLE V: Effective date, if other than the		SEP 18 P CRETARY O AHASSCE
r 90 days after the date of filing.)	the applicable statutory filing requirements, this date will not be listed as the	
er in the date inserted in this block does not meet iment's effective date on the Department of State		H L: 19 FLORID
TICLE VI: Other provisions, if any.	\ 	DA O
TICLE VI: One provisions, it any.	' 	

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)

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