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(Re	questor's Name)	
(Ad	dress)	
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(//\	u1033)	
(Cit	y/State/Zip/Phon-	e #)
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETANY OF SIMILE ALL AHASSER, FLORIDA

COVER LETTER

-	of Corporations	
SUBJECT: Biz	Data Systems LLC	
	(Nam	e of Resulting Florida Limited Company)
		icles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S.
Please return all	correspondence concerni	ing this matter to:
David Hammer		
	(Contact Person)	
Biz Data Systems		
	(Firm/Company)	
4830 W. Kennedy	Blvd., Ste. 600	
	(Address)	
Tampa, FL 33609		
	(City, State and Zip Code)
dhammer@hamme	erbiz.com	
E-mail Address	: (to be used for future annual	report notifications)
For further info	mation concerning this m	natter, please call:
David Hammer		at (813) 579-5128
(Name of	Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a ch	eck for the following amo	ount:
\$150.00 Filing 1 (\$25 for Conversio & \$125 for Articles of Organization)	n and Certificate of	and Certified Copy \$\begin{align*}
STREET ADD	RESS:	MAILING ADDRESS:
Registration Sec		Registration Section
Division of Cor		Division of Corporations
Clifton Building 2661 Executive		P. O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL		Talialiassee, FL 32314

Articles of Conversion

For

"Other Business Entity"

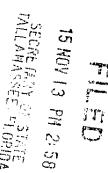
Into

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 Entity" in Biz Data Systems Inc.	nmediately prior to the filing of the Articles of Conversion is:
(Enter Name of O	Other Business Entity)
2. The "Other Business Entity" is a corporation	
(Enter entity	type. Example: corporation, limited partnership, partnership, common law or business trust, etc.)
First organized, formed or incorporated under	the laws of Florida
January 27, 2014	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)	
•	Company as set forth in the attached Articles of Organization:
Biz Data Systems LLC	
(Enter Name of Florida Lin	mited Liability Company)
4. If not effective on the date of filing, enter the	
date this document is filed by the Florida Do date listed in the attached Articles of Organ	ate of receipt or filed date nor more than 90 days after the epartment of State; <u>AND</u> 2) must be the same as the effective nization, if an effective date is listed therein.) he applicable statutory filing requirements, this date will not be listed as the records.
5. The plan of conversion has been approved in	n accordance with all applicable statutes.

Page 1 of 2



Signed th	his tenth	_ day of November		20_15
				d Liability Company:
		zed Representative:	10/	A dless mil
Signature	e of Authori	zed Representative:	SIVV	TO CHIMINO
Printed N	lame: <u>David I</u>	lammer		Title:/Manager
Signatur Signature	re(s) on beha e: Www	id Jammes	ntity: Se	ee below for required signature(s)
Printed N	lame: <u>David F</u>	lammer /		Title: President
Drinted N				Title:
rimed N	vanie			Title.
Signature	: :			
Printed N	ame:			Title:
Signature	e:			Title:
Printed N	lame:			Title:
Cianatura	. .			
Drinted N	Jame:			Title:
r mileu i	vaille			Title.
Signature	e:			
Printed N	lame:			Title:
	<u>a Corporati</u>			
		n, Vice Chairman, Direc		
II Directo	ors or Officer	s have not been selected	a, an inco	rporator must sign.
	a General P e of one Gene	artnership or Limited eral Partner.	Liability	Partnership:
		artnership or Limited eneral Partners.		
All other Signature	rs: e of an author	rized person.		
Fees:				
F	Articles of Co lees for Flori Certified Cop Certificate of	da Articles of Organiza y:	ation:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Biz Data Systems LLC			
		ciability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad The mailing addres		e principal office of the Limited Liability Co	ompany is:
Principal Office A	Address:	Mailing Address:	
4830 W. Kennedy Blv	rd.	4830 W. Kennedy Blvd.	
Suite 600		Suite 600	
Tampa, FL 33609		Tampa, FL 33609	
(The Limited Liability Co business entity with an a	ompany cannot serve as its own Factive Florida registration.)	ered Office, & Registered Agent's Signatu Registered Agent. You must designate an individual or anot	I re: her
(The Limited Liability Co business entity with an a	ompany cannot serve as its own F	Registered Agent. You must designate an individual or anot	I re: her
(The Limited Liability Co business entity with an a	ompany cannot serve as its own Factive Florida registration.) Florida street address of t David E. Hammer	Registered Agent. You must designate an individual or anot	re: her
(The Limited Liability Co business entity with an a	ompany cannot serve as its own Factive Florida registration.) Florida street address of t David E. Hammer	Registered Agent. You must designate an individual or anot the registered agent are:	re: her
(The Limited Liability Co business entity with an a	ompany cannot serve as its own Factive Florida registration.) Florida street address of t David E. Hammer N 4830 W. Kennedy Blvd., Ste	Registered Agent. You must designate an individual or anot the registered agent are:	re: her
(The Limited Liability Co business entity with an a	ompany cannot serve as its own Factive Florida registration.) Florida street address of t David E. Hammer N 4830 W. Kennedy Blvd., Ste	Registered Agent. You must designate an individual or anot the registered agent are: ame 2. 600	re: her
(The Limited Liability Co business entity with an a	ompany cannot serve as its own Factive Florida registration.) Florida street address of t David E. Hammer N 4830 W. Kennedy Blvd., Ste	Registered Agent. You must designate an individual or anot the registered agent are: ame 2. 600	her

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	David Hammer
	4830 W. Kennedy Blvd., Ste. 600
·	Tampa, FL 33609
	- COLOR OF THE COL
	and the second s
(Use attachment if necessary)	
FICLE V: Effective date, if other than t in effective date is listed, the date mus r 90 days after the date of filing.)	he date of filing: (OPTIONAL) at be specific and cannot be more than five business days print the applicable statutory filing requirements, this date will not be listed as e's records.
FICLE V: Effective date, if other than to in effective date is listed, the date must r 90 days after the date of filing.) If the date inserted in this block does not mee	et be specific and cannot be more than five business days pr et the applicable statutory filing requirements, this date will not be listed as
ricle V: Effective date, if other than to neffective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not mee ment's effective date on the Department of State Cicle VI: Other provisions, if any. REQUIRED SIGNATURE:	et be specific and cannot be more than five business days pretent the applicable statutory filing requirements, this date will not be listed as se's records.
ricle V: Effective date, if other than to n effective date is listed, the date must result 90 days after the date of filing.) If the date inserted in this block does not meement's effective date on the Department of States.	et be specific and cannot be more than five business days pretent the applicable statutory filing requirements, this date will not be listed as se's records.
ricle V: Effective date, if other than to neffective date is listed, the date must report of the provision of the date inserted in this block does not meet ment's effective date on the Department of State of th	et be specific and cannot be more than five business days p et the applicable statutory filing requirements, this date will not be listed a e's records.

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

ARTICLE IV-

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)

Typed or printed name of signee