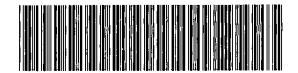
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(F	Requestor's Name)	
	Address)	
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	City/State/Zip/Phone #)	
(C	hty/State/Zip/Priorie #)	
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
(, and a	
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(C	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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Office Use Only



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SUFFICIENCY OF FILMS
TO ACKNOWLEDGE
NOT INTENCED

DEVARING OF STANSON DIVISION OF NOT 17 PH 4: 28

RECOUNT OF SIME

DEC 18 2015 T SCHROEDER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 917130 7192788
AUTHORIZATION Spulleleman
COST LIMIT : US 150.00
ORDER DATE : December 17, 2015
ORDER TIME : 3:54 PM
ORDER NO. : 917130-010
CUSTOMER NO: 7192788
DOMESTIC AMENDMENT FILING NAME: SKYGROUP INVESTMENTS, LLC
EFFECTIVE DATE:
XX ARTICLES OF CONVERSION RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Melissa Zender EXT# 62396

EXAMINER'S INITIALS:

COVER LETTER

Division of Corporations	
SUBJECT: SkyGroup Investments, LLC	
	Name of Resulting Florida Limited Company)
· ·	Articles of Organization, and fees are submitted to convert an "Other ed Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence conce	erning this matter to:
Kevin Fiur	
(Contact Person)	
iFLY Holdings, LLC	
(Firm/Company)	
6034 West Courtyard Drive, Suite 135	
(Address)	
Austin, TX 78730	
(City, State and Zip C	ode)
kfiur@iflyworld.com	
E-mail Address: (to be used for future ann	ual report notifications)
For further information concerning this	s matter, please call:
Kevin Fiur	at (512) 201-8228
(Name of Contact Person)	at (512) 201-8228 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following	
□ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$155.00 Filing I and Certificate of Status	Fees \$180.00 Filing Fees \$185.00 Filing Fees, and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

INHS11 (06/15)

Tallahassee, FL 32301

TO: Registration Section

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 SkyGroup Investments, LLC () (5	Entity" immediately prior to the filing of the Articles of Conversion is:
	r Name of Other Business Entity)
2. The "Other Business Entity" is a	limited liability company
•	Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorpora	ted under the laws of Delaware
March 11, 2013	(Enter state, or if a non-U.S. entity, the name of the country)
on(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:
SkyGroup Investments, LLC	
(Enter Name o	of Florida Limited Liability Company)
4. If not effective on the date of filing	ng, enter the effective date:
(The effective date: 1) cannot be p date this document is filed by the l date listed in the attached Articles	prior 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.) In not meet the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been a	approved in accordance with all applicable statutes.

Page 1 of 2

IS DEC 17 PM 1: U

Signed this 16 day of December	20 15
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: N. Alan Metni	Title: Chief Executive Officer
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name: N. Alan Metni	Title: Chief Executive Officer
Signature: Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of th	he Limited Liability Company	is:	
SkyGroup Invest	tments, LLC		
<u> </u>	(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II	- Address	•	
		e principal office of the Limited L	iability Company is:
· ·			, 1
Principal Offi	ice Address:	Mailing Address:	
6024 West Court	tyard Drive, Suite 135	Attn: Kevin Fiur	
			= 135
Austin, TX 7873	I - Registered Agent, Registe	6034 West Courtyard Drive, Suite Austin, TX 78730 red Office, & Registered Agent	's Signature:
ARTICLE III The Limited Liabi business entity wi	I - Registered Agent, Registe lity Company cannot serve as its own Re th an active Florida registration.)	Austin, TX 78730 red Office, & Registered Agent's egistered Agent. You must designate an individual of the segment of the seg	es Signature: vidual or another
ARTICLE III The Limited Liabi business entity wi	I - Registered Agent, Registe	Austin, TX 78730 red Office, & Registered Agent's egistered Agent. You must designate an individual of the segment of the seg	es Signature: vidual or another
ARTICLE III The Limited Liabi business entity wi	I - Registered Agent, Registe lity Company cannot serve as its own Re th an active Florida registration.)	Austin, TX 78730 red Office, & Registered Agent egistered Agent. You must designate an indivine registered agent are:	es Signature: vidual or another
ARTICLE III The Limited Liabi business entity wi	I - Registered Agent, Registered Ity Company cannot serve as its own Registration.) the Florida street address of the Corporation Service Compan	Austin, TX 78730 red Office, & Registered Agent egistered Agent. You must designate an indivine registered agent are:	es Signature:
ARTICLE III The Limited Liabi business entity wi	I - Registered Agent, Registered Ity Company cannot serve as its own Registration.) the Florida street address of the Corporation Service Compan	Austin, TX 78730 red Office, & Registered Agent egistered Agent. You must designate an indivine registered agent are:	es Signature: vidual or another
ARTICLE III The Limited Liabi business entity wi	I - Registered Agent, Registe lity Company cannot serve as its own Reth an active Florida registration.) the Florida street address of the Corporation Service Compan Na 1201 Hays Street	Austin, TX 78730 red Office, & Registered Agent egistered Agent. You must designate an indivine registered agent are:	es Signature: vidual or another
ARTICLE III The Limited Liabi business entity wi	I - Registered Agent, Registe lity Company cannot serve as its own Reth an active Florida registration.) the Florida street address of the Corporation Service Compan Na 1201 Hays Street	Austin, TX 78730 red Office, & Registered Agent egistered Agent. You must designate an indivine registered agent are: y ame	es Signature: vidual or another

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)

Melissa Zender Asst. Vice President

(CONTINUED)

Page 1 of 2

	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	TOTAL Library LLOC of All About Marie
AMBR	iFLY Holdings, LLC, c/o N. Atan Metni
	6034 West Courtyard Drive, Suite 135
	Austin, TX 78730
A STATE OF THE STA	
	Management of the Control of the Con

days after the date of filing.) the date inserted in this block does not meet the date inserted in the Department of State's	he applicable statutory filing requirements, this date will not be records.
	_
E VI: Other provisions, if any.	to the state of th
E VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a member This document is executed in ac I am aware that any false informations.	or an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.
Signature of a member This document is executed in ac I am aware that any false informations.	or an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State
Signature of a member This document is executed in ac I am aware that any false informationstitutes a third degree felony in the second of the	or an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State

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

ARTICLE IV-