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# **COVER LETTER**

TO: Registration Division of	Section Corporations		
SUBJECT: MART	EKNOLOGY, LLC		
		of Resulting Florida Limite	ed Company)
The enclosed Artic Business Entity" in	les of Conversion, Artic to a "Florida Limited L	eles of Organization, an iability Company" in a	nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all co	rrespondence concernin	g this matter to:	
Jamic Layne			
	(Contact Person)		
	(Firm/Company)	<del></del>	
8051 Solitaire Court			
0.1 1 17 20024	(Address)		
Orlando, FL 32836	(0)	<del></del>	
	(City, State and Zip Code)		
E-mail Address: (to	be used for future annual re	port notifications)	
For further informa	tion concerning this ma	tter, please call:	
		at ()	
(Name of Cor	itact 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 Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRE Registration Sectio Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	n ations nter Circle	MAILING A Registration : Division of C P. O. Box 63 Tallahassee,	Section Corporations 27



February 12, 2016

JAMIE LAYNE 8051 SOLITAIRE COURT ORLANDO, FL 32836

SUBJECT: MARTEKNOLOGY, LLC Ref. Number: W16000010951

We have received your document for MARTEKNOLOGY, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is

being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II

Letter Number: 416A00003056



# **Fax**

To:	Mary Anne	From: Carl Perrone	
Fax:	850-245-6804	Pages: 12 pages (including cover page)	
Phone:	850-245-6051	Date: February 16th, 2016	
Re:	Corporate conversion to LLC	CC:	

Hi Mary Anne,

Per our conversation earlier today, I have updated the attached form to convert Marteknology to an LLC. The original form was rejected because the annual report was not filed, and also because the registered agent was listed incorrectly. I have updated the registered agent information, and I have also attached proof that the annual report was filed and paid for today. Please call me if you have any questions.

Thank you very much for your help.

Sincerely,

## Carl Perrone

Kuberneo CPA Accounting Manager

46052 Turkey Lake Road, Suite 205, Orlando, FL 32819

Office: 407.582.0703 ext. 1 | Fax: 407.582.0704

carl.perrone@kuberneocpa.com | kuberneocpa.com



# 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.

MARTEKNOLOGY, INC.	immediately prior to the filing of the Articles of Conversion is:  Other Business Entity)
2. The "Other Business Entity" is a CORPOR.	ATION .
(Enter entit	y type. Example: corporation, limited partnership, partnership, common law or business trust, etc.)
First organized, formed or incorporated under	r the laws of FLORIDA
JULY 23RD, 2015	(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:
MARTEKNOLOGY, LLC.	
(Enter Name of Florida L	imited Liability Company)
date this document is filed by the Florida D	the effective date: JANUARY 1ST, 2016 late of receipt or filed date nor more than 90 days after the Department of State; AND 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

5. The plan of conversion has been approved in accordance with all applicable statutes.

Signature of Authorized Representative of Limited Liability Company:  Signature of Authorized Representative:  Printed Name: JAMIE LAYNE  Signature(s) on behalf of Other Business Entity:  Signature:  Printed Name: JAMIE LAYNE  Signature:  Printed Name: JAMIE LAYNE  Title:  Signature:  Printed Name:  Signature:  Printed Name:  Title:  Signature:  Printed Name:  If Florida Corporation:  Signature of Chairman, Vice Chairman, Director, or Officer.  If Directors or Officers have not been selected, an Incorporator must sign.  If Florida General Partnership or Limited Liability Partnership:  Signature of one General Partners.  If Florida Limited Partnership or Limited Liability Limited Partnership:  Signature of an authorized person.  Fees:		
Signature of Authorized Representative:  Printed Name: JAMIE LAYNE  Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]  Signature:  Printed Name: JAMIE LAYNE  Signature:  Printed Name:  Signature:  Printed Name:  Signature:  Printed Name:  Title:  Signature:  If Florida Corporation:  Signature of Chairman, Vice Chairman, Director, or Officer.  If Directors or Officers have not been selected, an Incorporator must sign.  If Florida General Partnership or Limited Liability Partnership:  Signature of one General Partner.  If Florida Limited Partnership or Limited Liability Limited Partnership:  Signatures of ALL General Partners.  All others:  Signature of an authorized person.	Signed this 29TH day of JANUARY	20_16
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]  Signature:	Signature of Authorized Representative of Lin	nited Liability Company:
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]  Signature:	De la companya della companya della companya de la companya della	nair 1
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]  Signature:	Signature of Authorized Representative:	nu soyre
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]  Signature:	Printed Name: JAMIE LAYNE	Title: PRESIDENT
Signature:		
Signature: Printed Name: Printed Name: Printed Name: Printed Name: Title: Signature: Printed Name: Title: Signature of Chairman, Vice Chairman, Director, or Officer. If Florida Corporation: Signature of Officers have not been selected, an Incorporator must sign.  If Florida General Partnership or Limited Liability Partnership: Signature of one General Partners.  If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.  All others: Signature of an authorized person.	Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name: Printed Name: Printed Name: Printed Name: Title: Signature: Printed Name: Title: Signature of Chairman, Vice Chairman, Director, or Officer. If Florida Corporation: Signature of Officers have not been selected, an Incorporator must sign.  If Florida General Partnership or Limited Liability Partnership: Signature of one General Partners.  If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.  All others: Signature of an authorized person.	Comie Ham	
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Signature: Printed Name: Signature: Printed Name: Title: Signature of Chairman, Vice Chairman, Director, or Officer. If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.  If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.  If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.  All others: Signature of an authorized person.		
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Printed Name:	Signature:	
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Signatures of ALL General Partners.  All others:  Signature of an authorized person.		
All others: Signature of an authorized person.		lity Limited Partnership:
Signature of an authorized person.	Signatures of ALL General Partners.	·
Signature of an authorized person.	All others	
Fees:	signature of an authorized person.	
<del></del>	Fees:	
	<del></del>	
Articles of Conversion: \$25.00	Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization: \$125.00		
Certified Copy: \$30.00 (Optional)		·
Certificate of Status: \$5.00 (Optional)	• •	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	16 FEE
MARTEKNOLOGY, LLC.	32 = -
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
A DYDECK TO VE A 13	
ARTICLE II - Address:	TO NO.
The mailing address and street address of the pri	notpat office of the Elimited Elability/Collinginy is:
Principal Office Address:	Mailing Address:
8051 SOLITAIRE CT	8051 SOLITAIRE CT
ORLANDO, FL 32836	ORLANDO, FL 32836
(The Limited Liability Company cannot serve as its own Registor business entity with an active Florida registration.)  The name and the Florida street address of the recommendation of the RUBERNEO, LLC	
Name	
4409 HOFFNER AVENUE #136	
Florida street address (P.O.	Box NOT acceptable)
ORLANDO	FI 32812
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S

(CONTINUED)

Page 1 of 2

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

"AMBR" = Authorized Memb "MGR" = Manager	
"MGR" = Manager	er
MGR	JAMIE LAYNE
	8051 SOLITAIRE CT
	ORLANDO, FL 32836
MGR	IODY LANG
MOK	JODY LANE  8051 SOLITAIRE CT
	-
	ORLANDO, FL 32836
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	——————————————————————————————————————
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If an effective date is listed, the date	han the date of filing: JANUARY 29TH, 2016 (OPTIONAL) must be specific and cannot be more than five business days pr
If an effective date is listed, the date of or 90 days after the date of filing.) lote: If the date inserted in this block does no ocument's effective date on the Department of	must be specific and cannot be more than five business days properties that the applicable statutory filing requirements, this date will not be listed as of State's records.
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(If an effective date is listed, the date to or 90 days after the date of filing.)  Note: If the date inserted in this block does not document's effective date on the Department of ARTICLE VI: Other provisions, if any  REQUIRED SIGNATURE:  Signature of a n  This document is executed an aware that any false constitutes a third degree.  JAMIE LANE	must be specific and cannot be more than five business days provided the applicable statutory filing requirements, this date will not be listed as of State's records.  Leading the statutory filing requirements, this date will not be listed as of State's records.  Leading the statutory filing requirements, this date will not be listed as of State's records.  Leading the statutory filing requirements, this date will not be listed as of State's records.  Leading the statutory filing requirements, this date will not be listed as of State's records.  Leading the statutory filing requirements, this date will not be listed as of State's records.  Leading the statutory filing requirements, this date will not be listed as of State's records.

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