# 1/600033432

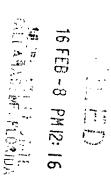
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200281634812

02/08/16--01007--020 \*\*180.00



FEB 1 8 2016; S. GILBERT Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Filing Articles of Conversion MAYSVILL TECHNOLOGY, LLC

LZ order #515956256

Dear Sir or Madam:

Attached for filing please find the Articles of Conversion of the above-referenced corporation. Enclosed, please find a check for \$180.00 for the filing fee and certified copy fee. Please process this application as quickly as possible and send the filed copy to me at the address below:

Legalzoom.com, Inc. 100 W. Broadway Suite 100 Glendale, CA 91210

If you have any questions, please call me at (323) 962-8600. Thank you for your help in this matter.

Sincerely,

Imelda Vasquez LegalZoom.com

# **COVER LETTER**

TO: Registration S Division of C					
SUBJECT: MAYSVI	LL TECHNOLOGY, LLC	;			
	(Name	of Resulting Florida	Limited	d Company)	
				and fees are submitted to convert a ecordance with s. 605.1045, F.S.	n "Other
Please return all corr	espondence concerning	g this matter to:			
Imelda Vasquez					
	(Contact Person)				
LegalZoom.com, Inc.					
	(Firm/Company)				
100 W. Broadway Suit	e 100				
	(Address)				
Glendale, CA 91210					
	City, State and Zip Code)				
tiadeng@gmail.com					
E-mail Address: (to b	e used for future annual re	port notifications)			
For further informati	on concerning this ma	tter, please call:			
Imelda Vasquez		_at ( <u>323</u>	, 962-8	3600 ext 7950	
(Name of Conta	ct Person)		(Day	time Telephone Number)	
Enclosed is a check f	or the following amou	nt:			
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	■\$180.00 Filing and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions	Registra Division P. O. Bo	ntion S n of C ox 632	orporations	

Tallahassee, FL 32301

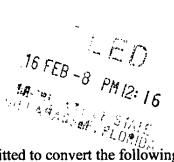
## **Certificate of Conversion**

For

# "Other Business Entity"

Into

## Florida Limited Liability Company



This Certificate 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.

	iss Entity" immediately prior to the filing of this Certificate of Conversion is: SVILL TECHNOLOGY, INC.
	nter Name of Other Business Entity)
2. The "Other Business Entity" is	a Corporation
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorpo	orated under the laws of FL
01/14/2016	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or in	icorporation)
3. The name of the Florida Limite	ed Liability Company as set forth in the attached Articles of Organization:
MAYSVILL TECHNOLOGY, LLC	
(Enter Name	e of Florida Limited Liability Company)
4. If not effective on the date of fi	ling, enter the effective date:
(The effective date: 1) cannot be date this document is filed by the	e prior to date of receipt or filed date nor more than 90 days after the e Florida Department of State; <u>AND</u> 2) must be the same as the effective es of Organization, if an effective date is listed therein.)
5. The plan of conversion has beer	approved in accordance with ss. 605.1041-605.1046.

Page 1 of 2

•	
Signed this 200 day of Feb	_ 20 <u>_ / 6</u>
Signature of Authorized Representative of Limit	ited Liability Company:
Signature of Authorized Representative:  Printed Name: Ting Deng	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]
Signature: 7 Morgan	Title: President
Printed Name: Joy Z. Morgan	Title: President
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
G: .	
Signature: Printed Name:	Title:
Signature:	m' d
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
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:	\$25.00
Fees for Florida Articles of Organization:	\$125.00 \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

·
LOGY, LLC
ty Company, "L.L.C.," or "LLC.")
incipal office of the Limited Liability Company is:
Mailing Address:
3700 Windmeadows Blvd S190
Gainesville, FL 32608
Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
egistered agent are:
TION AGENTS, INC.
2 i m
e A & &
Box NOT acceptable)
FL 33612
Zip Em o
accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and distered agent as provided for in Chapter 605, F.S  Cheyenne Moseley, assistant secretary on behalf of UNITED STATES CORPORATION AGENTS, INC.

(CONTINUED)

Page 1 of 2

	Name and Address:
<u>Title:</u> "AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Ting Deng
	3700 Windmeadows Blvd S190
	Gainesville, FL 32608
	4444
<del></del>	
effective date is listed, the date must	e date of filing: (OPTIONAL be specific and cannot be more than five business da
CLE V: Effective date, if other than the	e date of filing: (OPTIONAL be specific and cannot be more than five business da
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.)	e date of filing: (OPTIONAL be specific and cannot be more than five business da
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	e date of filing: (OPTIONAL be specific and cannot be more than five business da
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CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of a coordance with section 605.0203 (	er or an authorized/representative of a member.  1) (b), Florida Statutes, the execution of this document
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of a coordance with section 605.0203 (notitutes an affirmation under the pen	er or an authorized/representative of a member.  1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true.
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CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member accordance with section 605.0203 (notitutes an affirmation under the pen m aware that any false information sunstitutes a third degree felony as proving the section of the se	er or an authorized/representative of a member.  1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true. abmitted in a document to the Department of State
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**ARTICLE IV-**

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