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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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03/02/16--01006--027 **150.00



- COVER LETTER

TO: Registration Division of	n Section Corporations		<i>;</i>
SUBJECT:		LYTICS GROUP, of Resulting Florida Limit	
	les of Conversion, Artic	les of Organization, a	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all co	rrespondence concernin	g this matter to:	
PETER	GRIFFIN		
	(Contact Person)		
APPLIED	ANALYTICS GRO	UP, LCC	
	(Firm/Company)		
5062	TIMBER CHASE (Address)	WAY	
SARAS	City, State and Zip Code)	, 	
E-mail Address: (to	312@gmail_com be used for future annual re	port notifications)	
For further informa	ntion concerning this ma	tter, please call:	
PETER G	RIFFIN	at (773)	456-7813
(Name of Co			ytime Telephone Number)
Enclosed is a check	c for the following amou	int:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	s S155.00 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	SS:	MAILING A	ADDRESS:
Registration Sectio		Registration	
Division of Corpor	rations	Division of C	•
Clifton Building		P. O. Box 63	327

Tallahassee, FL 32314

2661 Executive Center Circle

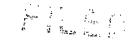
Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into



16 MAR -2 PM 4: 16

Florida Limited Liability Company

SEURE LARY OF STATE TALLAHASSEE FLORIDA

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" immediately prior to the filing of the Articles of Conversion is: APPLIED ANALYTICS GROUP, INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
on March 29, 2001 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: APPLIED ANALYTICS GROUP, LLC.
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: MARCH 1, 2016. (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: It the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 29th day of FEBRUARY	20 16 16
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Pt Printed Name: PETER GRIFFIN	Title: MANA FEE
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: PETER GRIFFIN	Title: SECRETARY DIRECTOR
Signature: Printed Name:	
Signature: Printed Name:	W. T. C. T. TO THE SECOND TO A SECOND SECOND SECOND TO THE SECOND
Signature: Printed Name:	the distance of the second of
Signature. Printed Name:	NORMALISMOST WAS A PRODUCED ON THE SAME OF
Signature: Printed Name.	
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 Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership;
All others: Signature of an authorized person.	
F <u>ces:</u>	
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

ARTICLE I - Name:

	LYTICS GROUP, LLC ability Company, "L.L.C.," or "Ll.C.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5062 TIMBER CHASE WAY SARASOTA, FL 34238	SOBA TIMBER CHASE WAY SARASOTA, FL 3Y238
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of th	e registered agent are:
JOHN FERRA Na	RI, JR., ESQ.
JOHN FERRAI Na 	RI, JR., ESQ. IMPERIOR STREET
JOHN FERRAI Na 	RI, JR., ESQ.
Na ACI FOURTH Florida street address (P	STREET 2.0. Box NOT acceptable)
Na ANY FOURTH Florida street address (P	RI, JR., ESQ. THE STREET

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	Doming of the State of the Stat
MER	PETER GRIFFIN 5062 TIMBER CHASE WAY
	SOGE TIMBER CHASE WAY
	SARASITM, FL 34238
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LE V: Effective date, if other the lective date is listed, the date is days after the date of filing.)	on the date of filing: MARCH (, 2016 (OPTIONAl nust be specific and cannot be more than five business d
fective date is listed, the date in days after the date of filing.)	must be specific and cannot be more than five business di- meet the applicable statutory filing requirements, this date will not be I
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) he date inserted in this block does not	must be specific and cannot be more than five business di- meet the applicable statutory filing requirements, this date will not be I
EV: Effective date, if other the fective date is listed, the date of days after the date of filing.) he date inserted in this block does not a effective date on the Department of LE VI: Other provisions, if any. Signature of a me This document is execute	meet the applicable statutory filing requirements, this date will not be I State's records. The property of a member of a member of a member of an authorized representative of a member of an accordance with section 605.0203 (1) (b), Florida Statutes.
LE V: Effective date, if other the fective date is listed, the date of days after the date of filing.) he date inserted in this block does not a effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execute I am aware that any false i constitutes a third degree.	must be specific and cannot be more than five business demonstrate the applicable statutory filing requirements, this date will not be I State's records. The provided representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
LE V: Effective date, if other the fective date is listed, the date of days after the date of filing.) he date inserted in this block does not a effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execute I am aware that any false i constitutes a third degree.	meet the applicable statutory filing requirements, this date will not be I State's records. The property of a mathematical representative of a member, d in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State belony as provided for in s.817.155, F.S.
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The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-