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(Requestor's Name) (Address)	700281513747
(Address) (City/State/Zip/Phone #)	. 02/12/1601011023 **180.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	16 HAR IL PH
-Special Instructions to Filing Officer:	STATE STATE
Office Use Only	
	3/14 Jon

#### COVER LETTER

TO: **Registration Section Division of Corporations** 000 SUBJECT: (Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

ontact Hosi 000 (Firm/Company) prey Falcon (ir SW (Address) e/0 (City, State and Zip Code) Lyerscalicloud.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

<u>904</u>) <u>36-5372</u> (Area Code) (Daytime Telephone Number) 'ers Оdч at ( (Name of Contact Person)

Enclosed is a check for the following amount:

(\$25 for Conversion \$150.00 Filing Fees & \$125 for Articles of Organization)

STREET ADDRESS:

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section Division of Corporations

Clifton Building

41

Status



**\$185.00** Filing Fees, Certified Copy, and Certificate of Status

MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

INHS11 (06/15)

Articles of Conversion For <u>"Other Business Entity"</u> Into Florida Limited Liability Company FILED

16 MAR 14 PM 4:50

SECRE FARY OF STATE TALLAHASSEE. FLORIDA

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conver HoboKost, LLC	sion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a LLC (Sole Proprietorship)	
(Enter entity type. Example: corporation, limited partnership,	
general partnership, common law or business trust, etc.)	
First organized, formed or incorporated under the laws of Georgia / USA	
on $(\frac{1}{2})$ $\frac{11}{2}$ $\frac{11}{2}$ $\frac{2014}{1}$ (Enter state, or if a non-U.S. entity, the name of the contract of organization, formation or incorporation).	untry)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date:\_\_\_

(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; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.) <u>Note:</u> If 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.

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Page 1 of 2

. . . . . . . .

Signed this <u>97</u> day of <u>March</u> 20 <u>16</u>
Signature of Authorized Representative of Limited Liability Company
Signature of Authorized Representative:
Signature(s) on behalf of Other Business Entity: [See below for require
Signature: Printed Name:
Signature:

ignature of Authorized Representative:	_ apr	m	
rinted Name: Cody Ayers		ile: Organi	281

d signature(s)]

Signature: Apers	Title OCAMPICZER
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ETARY OF STATE HASSEE.FLORIDA

# 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.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	<b>\$5</b> .00 (Optional)

Page 2 of 2

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I - Name:**

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The name of the Limited Liability Company is:

loboHost, LLC

## **ARTICLE II - Address:**

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The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
2035 Gray Falcon Cir SW	2035 Grey Falcon Cir SW
Veru Beach, FL 32962	Vero Bench, FL 32962

#### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the	Florida street address of the reg	istered agent are:	LARA	5 MAR	
	Name		ARY O	÷ -	gerasinaria S
	2035 Grey PA Florida street address (P.O. B		FLO	ч м	Contraction of the local division of the loc
	Vero Beach	FL 32962	ATE	<u>ះ</u> ភូ0	$\bigcirc$
	City	Zip			

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Having been named as registered agent and to accept service of process for the above stated limited 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)

(CONTINUED)

Page 1 of 2

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

<u>Title:</u>	Name and Address:			
"AMBR" = Authorized Member "MGR" = Manager MGR	Cody Ayers 2035 Grey Falcon Cir SW Ver Beach, FL 32962			
		SECHE JAR	16 MAR 14	
	e date of filing: (OPTION)		PM 4: 50	Ċ
or 90 days after the date of filing.) te: If the date inserted in this block does not meet to sument's effective date on the Department of State'	be specific and cannot be more than five business the applicable statutory filing requirements, this date will not be s records.	• -		
<b>TICLE VI:</b> Other provisions, if any.				
REQUIRED SIGNATURE:	~h~~			
This document is executed in ac l am aware that any false inform	for 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.			
	ody Ayers bed or printed name of signee Filing Fees			
\$125.00 Filing Fee for Articles o \$ 30.00 Certified Copy (Options	f Organization and Designation of Registered Age al) \$ 5.00 Certificate of Status (Optional) Page 2 of 2			