# L160036

(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:



400282754734

03/03/16--01023--018 \*\*155.00



Office Use Only

MD 3/22

MALI/2-18119

### **COVER LETTER**

<b>TO:</b> Registration S Division of C					
	•				
SUBJECT: Linga PO	) LLC	of Resulting Florida I		d Commony)	
	(Name	of Resulting Florida i	Jimite	a Company)	
				d fees are submitted to conv coordance with s. 605.1045,	
Please return all corr	espondence concernin	g this matter to:			
Onur Haytac					
	(Contact Person)				
Linga POS LLC					
	(Firm/Company)				
6201 Lee Ann Lane					
<u></u>	(Address)				
Naples, FL 34109					
(0	City, State and Zip Code)	<del></del>			
accounting@benseron.co	om .				
E-mail Address: (to b	e used for future annual re	port notifications)			
For further information	on concerning this ma	tter, please call:			
Melissa Hackman		_at (239)	205-2	829	
(Name of Conta	ct Person)		(Day	time Telephone Number)	
Enclosed is a check f	or the following amou	int:			
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing F and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS	S:			DDRESS:	
Registration Section	ions	Registra			
Division of Corporati Clifton Building	IOHS	Division P. O. Bo		forporations 27	
2661 Executive Cent	er Circle			FL 32314	

Tallahassee, FL 32301



March 10, 2016

ONUR HAYTAC 6201 LEE ANN LANE NAPLES, FL 34109

SUBJECT: LINGA POS LLC Ref. Number: W16000018119

We have received your document for LINGA POS LLC and your check(s) totaling \$155.00. 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.

You must submit Articles of Organization for the resulting Florida limited liability company along with the Articles of Conversion. The Articles of Organization must be signed by a member or an authorized representative of a member.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Maryanne Dickey Regulatory Specialist II

www.sunbiz.org

Letter Number: 116A00004992

#### **Articles of Conversion**

For

# "Other Business Entity"

Into

# Florida Limited Liability Company

16 MAR I L PH

The Articles of Conversion and attached Articles of Organization are submitted to converging following"Other Business Entity" into a Florida Limited Liability Company in accordance with see Florida Statutes.

	(Enter Name of Other Business Entity)
2. The "Other Business Enti	ty" is a corporation
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or in	corporated under the laws of Florida
12-22-2015	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation	on or incorporation)
3. The name of the Florida I	Limited Liability Company as set forth in the attached Articles of Organization:
Linga POS LLC	
(Ente	r Name of Florida Limited Liability Company)
4. If not effective on the dat	e of filing, enter the effective date:
(The effective date: 1) cand date this document is filed date listed in the attached A	not be prior to date of receipt or filed date nor more than 90 days after the by the Florida Department of State; AND 2) must be the same as the effective Articles of Organization, if an effective date is listed therein.) lock does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.

Page 1 of 2

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

	• •				
Signed this 29	day of February	20_16			
Signature of Aut	horized Representative of Limi	ited Liability Company:			
		a delle			
Signature of Auth	orized Representative:	igusca-			
Printed Name: Onu	r Haytac	Title: General Parner	_		
Signature(s) on be		[See below for required signature(s)]		16 MAR IL PM	
Signature:			ST	20	
Printed Name: Onu	r Haytac	Title: Officer	SA 20	5	
		Title:	्त्र <sup>ा</sup> ड्य	_	ļ
Signature:			_ T	<b>-</b>	,
Printed Name:		Title:	_88	3: 04	ž
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Timtod Tumo			_		
Signature:					
Printed Name:		Title:	_		
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If Florida Corpor					
	man, Vice Chairman, Director, or				
If Directors or Offi	icers have not been selected, an In-	corporator must sign.			
	l Partnership or Limited Liabili	tv Partnership:			
Signature of one G	ieneral Partner.				
If Florida Limited Signatures of ALL	l Partnership or Limited Liabili General Partners.	ty Limited Partnership:			
All others: Signature of an aut	thorized person.				
Fees:					
	Conversion:	\$25.00			
	lorida Articles of Organization:	\$125.00			
Certified C		\$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:	
	<u> </u>
Linga POS LLC	A R
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	्र विश्व 🗗 🗔
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6201 Lee Ann Lane	6201 Lee Ann Lane
Naples, FL 34109	Naples, FL 34109
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registered address of the registered address.	ered Agent. You must designate an individual or another
Benseron Information Technologi	ies, Inc.
Name	
6201 Lee Ann Lane	
Florida street address (P.O.	Box NOT acceptable)
Naples	FL 34109
City	Zip
Having hear named as registered agent and to	accent service of process for the above stated limite

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

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			S
MGR	Onur Haytac	***	_ ₹
	16178 Cartwright Lane	Ç.fr.	_ ≾5
	Naples, FL 34110	(25)	
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LE V: Effective date, if other that fective date is listed, the date in days after the date of filing.) the date inserted in this block does not it is effective date on the Department of St.  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  This document is executed I am aware that any false in	meet the applicable statutory filing requirement state's records.  mber or an authorized representative in accordance with section 605.0203 (1) (b), Finformation submitted in a document to the Department of the	e of a member	ess da

Page 2 of 2

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

ARTICLE IV-