L16000059692

(Requestor's Name)
(Address)
(Address)
(ladioss)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Wlluw & 205

MAR 2 8 2016 T. SCOTT



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SECRETARY OF STATE DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 10, 2016

ANDREAS KAZMIERCZAK 601 CLEVELAND ST, SUITE 310 CLEARWATER, FL 33755

SUBJECT: BACKTOCAD TECHNOLOGIES LLC

Ref. Number: W16000018205

We have received your document for BACKTOCAD TECHNOLOGIES LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

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.

Tyrone Scott Regulatory Specialist II

Letter Number: 016A00005036

Attached the signed document back.

For further questions please contact

us under 727-303-0383

www.sunbiz.org

COVER LETTER

Division of C	orporations		
SUBJECT: BACKTO	CAD TECHNOLOGIES,	LLC .	
SUBJECT:	(Name	of Resulting Florida Lir	nited Company)
			and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:	
Andreas Kazmierczak			
	(Contact Person)	· · · · · · · · · · · · · · · · · · ·	•
BACKTOCAD TECHN	OLOGIES, LLC		•
	(Firm/Company)		
601 Cleveland St, Suite	310		
	(Address)		
Clearwater, FL, 33755			
(0	City, State and Zip Code)		
ik@cad-pdf.de			
E-mail Address: (to b	e used for future annual re	port notifications)	
For further informati	on concerning this ma	tter, please call:	
Isabell Kazmierczak		_at (⁷²⁷) ³⁰	03-0383
(Name of Conta	ct Person)	(Area Code)	Daytime 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 Fee and Certified Copy	s #\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MAILING	G ADDRESS:
Registration Section		Registratio	on Section
Division of Corporat	ions		f Corporations
Clifton Building 2661 Executive Cent	or Cirola	P. O. Box	6327 e, FL 32314
Tallahassee, FL 323		i analiasse	6, I'L 32314

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TO: Registration Section

Articles of Conversion

· For

"Other Business Entity"

Into

Florida Limited Liability Company

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.

	(Enter Name of Other Business Entity)	
	(Enter Name of Other Business Entry)	
2. The "Other Business Entity"	is a BacktoCAD Technologies, LLC	
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incor	porated under the laws of Georgia	
on May, 29, 2009 (date of organization, formation or	(Enter state, or if a non-U.S. entity, the name of the cou	ntry)
3. The name of the Florida Lim BacktoCAD Technologies, LLC	nited Liability Company as set forth in the attached Articles of Organ	ization:
(Enter Na	ame of Florida Limited Liability Company)	
4. If not effective on the date of	f filing, enter the effective date: February, I	
(The effective date: 1) cannot	be prior to date of receipt or filed date nor more than 90 days after the Florida Department of State; AND 2) must be the same as the	
date listed in the attached Arti	icles of Organization, if an effective date is listed therein.) k does not meet the applicable statutory filing requirements, this date will not be listed artiment of State's records.	d as the

Page 1 of 2

Signed this February day of 24	20 16
	•
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:	MINN
Printed Name: Kazmierczak Andreas	Title: CEO
	7
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Spinature:	
Printed Name: Var mi war als	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	PD 1.4
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	corporator must sign.
	A. The star of the
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
Signature of one deficial farther.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All othores	
All others: Signature of an authorized person.	
o.g	i .
Fees:	
	#25 00
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00 \$30.00 (Optional)
Certified Copy: Certificate of Status:	\$5.00 (Optional)
Commente of Status.	ψυ.ου (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	() () ()	
The name of the Limited Liability Compa	ny is:	
BacktoCAD Technologies, LLC		
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
601, Cleveland St, Suite 310	601, Cleveland St, Suite 310	
Clearwater, FL, 33755	Clearwater, FL, 33755	· · · · · · · · · · · · · · · · · · ·
814 Narcissus Ave	Registered Agent. You must designate an in	
Clearwater	FL 33767	
City Having been named as registered agent liability company at the place designaregistered agent and agree to act in this estatutes relating to the proper and compaccept the obligations of my position Registered Agent's	nted in this certificate, I hereby acc capacity. I further agree to comply plete performance of my duties, an	ept the appointment as with the provisions of all d I am familiar with and
		T6 H
(COI	NTINUED)	≥ 59

Page 1 of 2

"AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
AMBR	Andreas Kazmierczak
	814, Narcissus Ave
	Clearwater, FL, 33767
AMBR	Isabell Kazmierczak
	814, Narcissus Ave
	Clearwater, FL, 33767
,	
······································	
LE V: Effective date, if other that fective date is listed, the date m	n the date of filing: February, 1, 2016. (OPTIONA ust be specific and cannot be more than five business d
fective date is listed, the date m days after the date of filing.)	ust be specific and cannot be more than five business d neet the applicable statutory filing requirements, this date will not be l
LE V: Effective date, if other than fective date is listed, the date m days after the date of filing.) he date inserted in this block does not m s effective date on the Department of S	ust be specific and cannot be more than five business d neet the applicable statutory filing requirements, this date will not be l
LE V: Effective date, if other than fective date is listed, the date m days after the date of filing.) he date inserted in this block does not m s effective date on the Department of S	ust be specific and cannot be more than five business d neet the applicable statutory filing requirements, this date will not be l
LE V: Effective date, if other that fective date is listed, the date m days after the date of filing.) he date inserted in this block does not not seffective date on the Department of State VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer This document is executed I am aware that any false in	ust be specific and cannot be more than five business d neet the applicable statutory filing requirements, this date will not be l
LE V: Effective date, if other than fective date is listed, the date m days after the date of filing.) he date inserted in this block does not m s effective date on the Department of S. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer This document is executed I am aware that any false in	neet the applicable statutory filing requirements, this date will not be later's records. Indeed the applicable statutory filing requirements, this date will not be later's records. Indeed the applicable statutory filing requirements, this date will not be later's records. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Florida Statutes.

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)

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

4. A. B. . . .

ARTICLE IV-