

L16000174153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

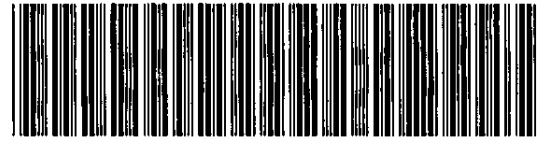
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/15/16--01003--023 **180.00

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DIVISION OF CORPORATIONS
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R 09/19/16



BANK OF AMERICA CENTER
390 NORTH ORANGE AVENUE
SUITE 1400
ORLANDO, FL 32801
TELEPHONE: 407.839.4200
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WWW.BROADANDCASSEL.COM

HELEN BROCK FORD
PARALEGAL
DIRECT LINE: 407.481.5222
DIRECT FACSIMILE: 407.425.8377
EMAIL: HFORD@BROADANDCASSEL.COM

September 8, 2016

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: 1PG, Inc. into 1PG, LLC

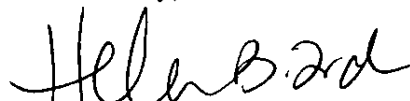
Dear Sir/Madam:

Enclosed for filing, please find an original and one (1) copy of the following:

1. Articles of Conversion for "Other Business Entity" into Florida Limited Liability for 1PG, Inc. into 1PG, LLC; and
2. Articles of Organization for 1PG, LLC.

Our firm's check in the amount of \$180.00 accompanies the enclosed documents representing both the filing fee and certification fee for each such filed document. Thank you.

Sincerely,


Helen Brock Ford
Paralegal

/hbf
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IPG, LLC
(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:

Keith C. Durkin
(Contact Person)
Broad and Cassel
(Firm/Company)
390 North Orange Avenue, Suite 1400
(Address)
Orlando, Florida 32801
(City, State and Zip Code)
vharnish@gazelles.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Keith C. Durkin at (407) 839-4289
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)
- \$155.00 Filing Fees and Certificate of Status
- \$180.00 Filing Fees and Certified Copy
- \$185.00 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Articles of Conversion
For
“Other Business Entity”
Into
Florida Limited Liability Company

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 Conversion is:
IPG, Inc.

(Enter 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 incorporated under the laws of Virginia _____
on 02/16/2007 _____
(date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the country)

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

(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; 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: 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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Signed this 2nd day of September 2016.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: [Signature]
Printed Name: Verne C. Harnish Title: Manager

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: [Signature]
Printed Name: Verne C. Harnish Title: Director & President

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
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 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:	\$5.00 (Optional)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member
"MGR" = Manager
MGR

Name and Address:

Verne C. Harnish
44031 Pipeline Plaza, Suite 200
Ashburn, Virginia 20147

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ . (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: 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.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Verne C. Harnish, Member

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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