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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Division of Corporations
SUBJECT: FELIX BUSINESS GROUP
(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:
A. JORDAN FELLY, ESO. (Contact Person)
(Contact Person)
A. JORDAN FELLY, ESO., PLLC (Firm/Company)
121 IN FORSUTH ST. STE GOD
121 IN FORSYTH ST., STE 600 (Address)
JACKSONUILE, FL 32202 (City, State and Zip Code)
AJ@ AJFESO. COM
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
A. JORDAN FELIX 966 4031009
(Name of Contact Person) (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion and Certificate of Status (\$125 for Articles of Organization) \$185.00 Filing Fees and Certified Copy (Certified Copy, and Certificate of Status)
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

TO: Registration Section

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

FILED

2016 OCT -3 AM 8: 28

SECULIARY 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: FELLY BUSINESS C-ROUP P14-86748
(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 ofFLORIDA
on 10 22 2014 (Enter state, or if a non-U.S. entity, the name of the country) (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
FELLX BUSINESS GROUP L/C (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 9 27/16.
(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.

Page 1 of 2

4-		
Signed this 27. day of SEPTEMBER	20 16	
		FILED
Signature of Authorized Representative of Limi	ted Liability Company:	
10	a do	2016 OCT -3 AM 8: 28
Signature of Authorized Representative: Printed Name: A. JOFDAN FELLY, 55 Q. (TTU TO	SECRETARY OF STREET
Printed Name: 1-1. 30+13AN F7CCK, 53 & C	1 little: OLDNYK	MALLAHASSEE, FLORIDA
Signature(s) on behalf of Other Business Entity:	A) T	
1 -0-		
Signature: Printed Name: A- JURDAN FIUX, 950.	`	_
Printed Name: H- Jalloan FILLX, 450.	_ Title: <u>のいかん</u>	_
Signature:		
Signature:Printed Name:	Title:	
		_
Signature:Printed Name:		_
Printed Name:	Title:	_
Signature:		
Signature:Printed Name:	Title:	_
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Signature:		_
Printed Name:	Title:	-
Signature:		
Printed Name:	Title:	
		_
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected on In-		
If Directors or Officers have not been selected, an Inc	corporator must sign.	
If Florida General Partnership or Limited Liabilit	ty Partnership:	
Signature of one General Partner.	-	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	
Signatures of ALL General Farthers.		
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)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
FELIX BUSINESS GROUP, 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:
The maning address and street address of the principal office of the Elithied Elability Company is.
Principal Office Address: Mailing Address:
121 W. FORSYTH ST. STE 600 STE# 107-304 JAY, FL 3220 2 JAX, FL 32218
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 registered agent are:
A. JORDAN FELLX, ESQ. Name
731 DUVAL STATION P.D., STE. 107-304 Florida street address (P.O. Box NOT acceptable)
JACKSONVILLE FL 37218 City Zip
City Zip
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
Pagistard A gent's Signature (REQUIRED)
Registered Agent's Signature (REQUIRED) (CONTINUED) Page 1 of 2 Registered Agent's Signature (REQUIRED) FILED FILED 8:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	A. JORDAN FELLY, ESQ
MOL	731 DUVAL STATION RD. STE 107-304
	JAX FL 32218
	<u> </u>
	8:
	28
(Han attachment if we were	
an effective date is listed, the date mus or 90 days after the date of filing.)	st be specific and cannot be more than five business days p
ATICLE V: Effective date, if other than the an effective date is listed, the date must be properties of the date of filing.) The date inserted in this block does not meet ument's effective date on the Department of States.	et the applicable statutory filing requirements, this date will not be listed a
ATICLE V: Effective date, if other than the an effective date is listed, the date must be 90 days after the date of filing.) E: If the date inserted in this block does not meet ument's effective date on the Department of Statement's effective date on the Department of Statement of Statem	et the applicable statutory filing requirements, this date will not be listed a
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RTICLE V: Effective date, if other than the an effective date is listed, the date must or 90 days after the date of filing.) te: If the date inserted in this block does not mee cument's effective date on the Department of State RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membor of the degree felor constitutes a third degree felor of the constitutes at the the constitutes	the applicable statutory filing requirements, this date will not be listed as se's records. Der or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S. AND FRUX Typed or printed name of signee Filing Fees of Organization and Designation of Registered Agent

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

ARTICLE IV-