L16000 22823

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

V HERRING DEC 2 0 2016

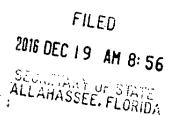
COVER LETTER

SUBJECT: Ivy Opera	ations LLC			
	(Name	of Resulting Florida L	mited	Company)
				I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
Robert H. Harris II				
	(Contact Person)			
Ingwersen & Taylor LLI	•			
	(Firm/Company)			
6 Concourse Parkway, S	uite 600			
	(Address)	7. 4		
Atlanta, GA 30328				
,	City, State and Zip Code)			
bharris@itllp-law.com				
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Robert H. Harris II		at (770	393-49	933
(Name of Conta	ct Person)	(Area Code)	(Dayt	ime Telephone Number)
Enclosed is a check f	for 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 Fe and Certified Copy	ees	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:			DDRESS:
Registration Section	•	Registrat		
Division of Corporat Clifton Building	ions	Division P. O. Box		orporations 7
2661 Executive Cent	er Circle	Tallahass	_	

Tallahassee, FL 32301

TO: Registration Section
Division of Corporations

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Ivy Operations LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability company.
(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
on February 23, 2015 (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 : Ivy Operations LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: January 1, 2017 (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.

Page 1 of 2

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

Signed this 13th day of December	20 16	FILED
Signature of Authorized Representative of Limit		2016 DEC 19 AM
Signature of Authorized Representative: Printed Name: Robert H. Harris, II	Title: Attorney in fact/Organizer	SECULIARIA OF STATE ALLAHASSEE, FLORIS
Signature(s) on behalf of Other Business Entity: [S		
Signature:		
Printed Name Bryan Leblang	Title: Sole Member and Manager	
Signature:		
Signature: Printed Name:	Title:	
Signature:		
Signature: Printed Name:	Title:	
Signature		
Signature: Printed Name:	Title:	
Signature:Printed Name:	Title:	
Timed Name.	_ Title.	
Signature:Printed Name:		
Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Clif Directors or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
2016 DEC 19 AM 8: 56
SECTION OF STATE OF S

ARTICLE I - Name:
The name of the Limited Liability Company is:

Ivy Operations 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:

100 South Ashley Drive, Suite 1650	100 South Ashley Drive, SUite 1650
Tampa, FL 33602	Tampa, FL 33602

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:

Principal Office Address:

C T Corporation Sys	tem	
	Name	
1200 South Pine Isla	and Road	
Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)
Plantation,	Florida	33324
City	State	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 melapter as \$\frac{1}{2}\frac{1

C T Compration System Ice President & Assistant Secretary

Mailing Address:

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
AMBR and MGR	Bryan Leblang	
	100 South Ashley Drive, Suite 1650	
	Tampa, FL 33602	
	** Dia 52	1
	A49 2016	
	HA DEC	
	(A :	-
	9	-
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	FT (y).	
		
	<u> </u>	
(Use attachment if necessary)		
(000		
CLE V: Effective date, if other than the	e date of filing: January 1, 2017 . (OPTIONA	AL)
	be specific and cannot be more than five business	
00 days after the date of filing.)	•	•

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.

Bryan Leblang, Sole Member and Manager

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional) Page 2 of 2