111000201798

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	. <u>-</u> -
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:	New Filing S Division of C			
		•	C	
SUB	ЕСТ :	nal Software Solutions, LL	sulting Florida Limited (Company)
		•	•	and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:	
Darrel	l Dies			
		(Contact Person)		
		(Firm/Company)	<u></u>	
1426 (County Road 800 N			
		(Address)		
Eurek	a, Illinois 61530			
tod@e	eosoftsol.net	City, State and Zip Code)		
		e used for future annual re	port notifications)	
For fu	urther informati	on concerning this ma	tter, please call:	
Darrel	l Dies		_at (³⁰⁹) ²⁸	2-9112
	(Name of Conta	ct Person)	(Area Code) (Daytime Telephone Number)
		or the following amou a bank located in the		essed by this office must be payable in US
(\$25 fc	50.00 Filing Fees or Conversion 5 for Articles panization)	\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fee and Certified Copy	S S 185.00 Filing Fees, Certified Copy, and Certificate of Status
New Divis Clifto 2661	EET ADDRES Filing Section ion of Corporat on Building Executive Cent hassee, FL 323	ions er Circle	New Filing Division of P. O. Box	f Corporations

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 Articl Exceptional Software Solutions, LLC	es of Conv	v er sion	is:
(Enter Name of Other Business Entity)	-		
2. The "Other Business Entity" is a			
(Enter entity type. Example: corporation, limited partnership, general partnership, commo	on law or bus	siness tn	ust, etc.)
First organized, formed or incorporated under the laws of			
09/18/2009	: maune of un	country	()
(date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Company as set forth in the attached Arti	icles of Or	ganiza	tion:
Exceptional Software Solutions, LLC			
(Enter Name of Florida Limited Liability Company)	•		
(The effective date: Cannot be prior to date of receipt or filed date nor more than 5 the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date 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.			
 The "Converted or Other Business Entity" has agreed to pay any members having apprais which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	sal rights tl	he amor	unt to
	• •		
	٠	Sign	: 1
	:	FQ 3.2	. •
			• •
	<u></u>	<u>.</u>	
		သ လ	
	7.		

Signed this 24	day of August	
Signature of Aut	horized Representative of Limi	ited Liability Company:
Signature of Author	arizad Danrasantativas	
Drinted Momen	orized Representative:	Title
Printed Name:		Title.
Signature(s) on be	chalf of Other Business Entity:	See below for required signature(s)
Signature:	s leslade	Title: Manager
Printed Name: Tod	Reploye	Title: Manager
rtifica (value.		
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
If Florida Corpor	ation:	
Signature of Chain	man, Vice Chairman, Director, or	Officer.
If Directors or Offi	cers have not been selected, an In	corporator must sign.
If Florida Genera	<u>l Partnership or Limited Liabili</u>	ty Partnership:
Signature of one G	eneral Partner.	
_		
If Florida Limited	l Partnership or Limited Liabili	ty Limited Partnership:
	General Partners.	
- <u>-</u>	-	
All others:		
Signature of an aut	horized person.	
-	·	
Fees:		
Articles of	Conversion:	\$25.00
·	lorida Articles of Organization:	\$125.00
rees for th	ionga Amicies of Organization.	2122.00

Certified Copy:

Certificate of Status:

\$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is	s:	
Exceptional Software Solutions, LLC		
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the particle.	principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
17956 Bonita National Blvd.	17956 Bonita National Blvd.	
#1624	#1624	
Bonita Springs, FL 34135	Bonita Springs, FL 34135	
	1624	
Bonita Springs	FL 34135	
City	Zip	
liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as r	in this certificate, I hereby accept to acity. I further agree to comply with e performance of my duties, and I acregistered agent as provided for in (he appointment as h the provisions of alo m familiar with and
Florida street address (P.O. Box NOT acceptable) Bonita Springs FL 34135	****	

ARTICLE IV-

Tod Replogle

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

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager	Tod Bantaula		
MGR	Tod Replogle 17956 Bonita National Blvd., #1624		
	Bonita Springs, FL 34135	··-	
MGR	Barbara Replogle		_
	17956 Bonita National Blvd., #1624		
	Bonita Springs, FL 34135		
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			<u></u>
(Use attachment if necessary)			(J) (J)
(Ose attachment if necessary)		2.	•
CLE V: Other provisions, if any.			
out in any.			

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)