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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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T. BURCH FEB 15 2018

COVER LETTER

TO:	New Filing Son Division of C				
SUR.	JECT: Sirix Grou	up LLC			
000		(Name of Res	ulting Florida Lim	ited Con	npany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
Jason	Siracusa				
		(Contact Person)		_	
Sirix 0	Group LLC				
		(Firm/Company)			
1515	S Federal Hwy Ste	103			
		(Address)		_	
Boca	raton, FL 33432				
	(6	City, State and Zip Code)		_	
jason(@sirixgroup.com				
E-	mail Address: (to b	se used for future annual re	port notifications)		
For f	urther informati	on concerning this ma	tter, please call		
Jason	Siracusa		at (<u></u>	544-0	705 xt4
	(Name of Conta	act Person)	(Area Cod	e) (Day	rtime Telephone Number)
		for the following amou a bank located in the		process	sed by this office must be payable in US
(\$25 f & \$12	50.00 Filing Fees or Conversion 5 for Articles ganization)	☐S155.00 Filing Fees and Certificate of Status	S180.00 Filir and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
New Divis Clift	EET ADDRES Filing Section Sion of Corporat on Building Executive Cent	ions	New Divis P. O.	Filing S ion of C Box 63	Corporations
	hassee, FL 323				



January 25, 2018

JASON SIRACUSA 1515 S FEDERAL HWY STE 103 BOCA RATON, FL 33432

SUBJECT: SIRIX GROUP INC Ref. Number: W18000007754

We have received your document for SIRIX GROUP INC and check(s) totaling \$52.50 of which \$52.50 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$132.50 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You submitted the wrong type of document, proper forms are enclosed.

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.

Letter Number: 718A00001636

Tim Burch Regulatory Specialist III

www.sunbiz.org

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

FILED
18 FEB 14 PK 12: 09

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 Sirix Group Inc	to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entit	y)
2. The "Other Business Entity" is a Corporation	P10-5990b
(Enter entity type. Example: corporation, limited partnershi	ip, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of	date, or if a non-U.S. entity, the name of the country)
(Enter st	ate, or if a non-U.S. entity, the name of the country)
01/01/2011 on	
on (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set	forth in the attached Articles of Organization:
Sirix Group LLC	
(Enter Name of Florida Limited Liability Con	npany)
4 If not effective on the date of filing, enter the effective date	01/01/2018
(The effective date: Cannot be prior to date of receipt or fil the date this document is filed by the Florida Department of Note: If the date inserted in this block does not meet the applicable statuto document's effective date on the Department of State's records.	led date nor more than 90 calendar days after of State.)
5. The plan of conversion has been approved in accordance wi	th all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signature of Authorized Representative: Title:	
Signature(s) on behalf of Other Business Entity: See below for re	quired signature(s)
Signature: Printed Name: Jason Since Sa Title: President	
Signature: ////////////////////////////////////	
Printed Name; Jason Stateusa Title, Trestation	
Signature:	
Printed Name: Title:	
Signature: Title:	
Fillited Name. Title.	<u>. </u>
Signature:	
Printed Name: Title:	
Signature-	
Signature: 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 s	ign.
If Manda, Command Destruction and Control Destruction	
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.	
Signature of the Ochera Partier.	
If Florida Limited Partnership or Limited Liability Limited Partn	<u>ership:</u>
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 (Option	ıal)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:
Sirix Group LLC	
(Must contain the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of th	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1515 S Federal Hwy Ste 103	1515 S Federal Hwy Ste 103
Boca Raton, FL 33432	Boca Raton, FL 33432
1645 SE 3rd Ct Suite 207	Jame (P.O. Box <u>NOT</u> acceptable)
Deerfield Beach City	FL
liability company at the place designate registered agent and agree to act in this constant statutes relating to the proper and complete accept the obligations of my position at Registered Agent's	nd to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of allete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S Signature (REQUIRED)

ARTICLE IV-	
The name and address of eac	h person authorized to manage and control the Limited Liability
Company:	
Title:	Name and Address

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	tana Carana	
MGR	Jason Siracusa	
	1515 S Federal Hwy Ste 103	_
	Boca Raton, FL 33432	-
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ARTICLE V: Other provisions, if any.		
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•		
REQUIRED SIGNATURE:	/ /)	
<u>REQUIRES</u> STORMS	la ha some	
(M)	(<i>\b\/\/</i>	
Signature of a member or	an authorized representative of a member	_
This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am aware	that

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.

Jason Siracusa

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)