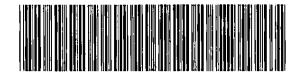
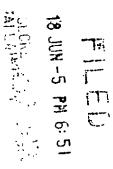
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(Re	questor's Name)		
(Ad	dress)		
	ldress)	<u>,                                      </u>	
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nar	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			





08/05/19--01014--001 \*\*185.00



#### **COVER LETTER**

O: New Filing Section Division of Corporations	
SUBJECT: DELTENNION CLIPS // C (Name of Resulting Florida Limited Company)	
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Othe Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.	er
Please return all correspondence concerning this matter to:	
GERALD M. CZARNECK!  (Contact Person)  DELTENNIUN GROUP, INC  (Firm/Company)  301 YAMATO ROAD # 1240  (Address)  (City, State and Zip Code)  CMC Q DELTENNIUM, COM	
E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:	
(Name of Contact Person)  (Name of Contact Person)  (Area Code)  (Daytime Telephone Number)	
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US ollars and drawn on a bank located in the United States)	
S150.00 Filing Fees and Certificate of and Certified Copy and Certificate of Status  S125 for Articles Status  Granization)	
TREET ADDRESS: MAILING ADDRESS:	

New Filing Section Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

### INHS11 (7/17)

**New Filing Section** 

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## **Articles of Conversion**

For



For

"Other Business Entity"
Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following of "Other Business Entity" into a Florida Limited Liability Company in accordance with a 605-1045-171-2-17. "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:  OFLICENSION CLIPS TNC. POSCOS9735  (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)
on 8/3/1996 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  DELTENNIUM CLIPS LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:  (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after 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 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.
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.

Signed this day of	_20_18	
Signature of Authorized Representative of Limi	ited Liability Company;	•
Signature of Authorized Representative:  Printed Name: FERALD (2)	Title: CHARNAN + CEO	-
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	THE COLUMN
Signature:		ىل 🖟 🖟 -
Printed Name: GOLD CZAPNE(K)		- 🐉 -
Signature: DELTERNIUM CHIPS, IN		e e e e e e e e e e e e e e e e e e e
Printed Name:	Title:	
		1.
Signature: Printed Name:	771.1	_
Printed Name:	litte:	-
Signature:		
Signature:Printed Name:	Title:	<b>-</b>
Signature: Printed Name:		_
Printed Name:	l itle:	_
Signature:		
Printed Name:	Title:	_
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In		
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion:	\$25.00	

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy:

Certificate of Status:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
301 YAMATO ROAD  STE #1240  BOCA RATON, FL 33431  301 YAMATO ROAD  STE #1240  BOCA RATON, FL 33431
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:  SERALD M. SARNECKI  Name  636 NE FRANCESCA LANE
636 NEFRANCESCA LANE
Florida street address (P.O. Box <u>NOT</u> acceptable)
BOCA RATUN FL 33487 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.:
Registered Agent's Signature (REQUIRED)
(CONTINUED)  (CONTINUED)

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member	, A	
"MGR" = Manager	GERALD CZARNECKI	
<u> 140.15</u>	636 NE FRANCESCA LANG	
	BOCA RATION FL 33487	
0.4120	1 200:-	
<u>HABR</u>	LOW K. CZARNECKI	
	636 NE FRANCESCA LANCE	
	BOCA RATON, FL 33481	
AHBR	ROBYN HEHTHAMHER	
	7722 FALSTAFF ROAD	
	NCHEANIVA 22102	
A ++ C C	D NA.	
AMBP	FENNY 116 COY	
	1343 344 PLACE	
	FOREST GROVE, OR 97116	
(Use attachment if necessary)		
•		
	₹¥; <u>-</u> •	
CLE V: Other provisions, if any.		
	<del></del>	i.
		_
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REQUIRED SIGNATURE:	5.	
	37 5	
	200 N	
Signature of a member or	an authorized representative of a member	
any false information submitted in a docu	e with section 605.0203 (1) (b). Florida Statutes. I am aware that iment to the Department of State constitutes a third degree felony	
as provided for in s.817.185 F.S.		
TETRALI	O. Y. CZARNEOKI	
Ty	yped or printed name of signee	
Ž	Filing Fees	
\$125.00 Filing Fee for Articles	of Organization and Designation of Registered Agent	į

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)