# 1180001109314

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

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## **COVER LETTER**

| <b>TO:</b> New Filing Secti<br>Division of Corp   |                         |                                |  |  |
|---|-------------------------|--------------------------------|--|--|
| SUBJECT: FF360 LLC.   |                         |                                |  |  |
| Sommer.   | (Name of Res            | sulting Florida Limit          | d Con  | npany)   |
|   |                         |                                |  | d fees are submitted to convert an "Other coordance with s. 605.1045, F.S. |
| Please return all correspondent   | ondence concerning      | g this matter to:              |  |  |
| Daniel Carbone  |                         |                                |  |  |
| (r)   | Contact Person)         |                                |  |  |
| (<br>13650 Fiddlesticks Blvd. Ste   | Firm/Company)           |                                |  |  |
| 13030 Fiddlesiteks bivd. Sie  | (Address)               |                                |  |  |
| Fort Myers, Florida 33912   |                         |                                |  |  |
| (City. dan@it360online.com  | State and Zip Code)     |                                |  |  |
| E-mail Address: (to be us   | ed for future annual re | port notifications)            |  |  |
| For further information   | concerning this ma      | tter, please call:             |  |  |
| Daniel Carbone  |                         | .561<br>at (                   | 282-6  | 347  |
| (Name of Contact Person)  |                         |                                | (Day   | time Telephone Number)   |
| Enclosed is a check for t<br>dollars and drawn on a b   | _                       | •                              | ocess  | sed by this office must be payable in US                                   |
| ☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fees and Certificate of and Certified Cop |                         |                                | ☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status |  |
| STREET ADDRESS:<br>New Filing Section<br>Division of Corporations<br>Clifton Building<br>2661 Executive Center C                              |                         | New Fi<br>Division<br>P. O. Bo | ling Se<br>n of C<br>ox 632                                      | Corporations   |

Tallahassee, FL 32301

## **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:  |
|---|
| (Enter Name of Other Business Entity)   |
| 2. The "Other Business Entity" is a (S) Corporation   |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.  |
| First organized, formed or incorporated under the laws of   |
| (Enter state, or if a non-U.S. entity, the name of the country)   |
| 3/11/2011   |
| (date of organization, formation or incorporation)  |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: IT360 LLC.  |
| (Enter Name of Florida Limited Liability Company)   |
| July 15th, 2018  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. $\geq \omega$   |
| 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 6th day of July   | 20_18  |              |
|---|--|--------------|
| Signature of Authorized Representative of Limi  | ited Liability Company:  |              |
| Signature of Authorized Representative: Printed Name: Daniel L Carbone  | Title: Managing Member   | ~            |
| Signature(s) on behalf of Other Rusiness Entity:  | (See below for required signature(s))                          |              |
| Signature: Daniel I. Carbone  Printed Name: Daniel I. Carbone   | Title: President   | _<br>_       |
| Signature:Printed Name:   |  |              |
| Printed Name:   | Title:   | _            |
| Signature:Printed Name:   | Title:   | <del>-</del> |
| Signature:Printed Name:   | Title  | _            |
|   |  |              |
| Signature:Printed Name:   | Title:   | _            |
| Signature:Printed Name:   |  |              |
| Printed Name:   | little:  | _            |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc. |  |              |
| 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.  |  |              |
| <u>Fees:</u>  |  | TAL SI       |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:                           | \$25.00<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) | TIL PI       |

#### 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 "LLC.")

#### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address:              | <b>Mailing Address:</b>                |
|--|--|
| 13650 Fiddlesticks Blvd. Suite 202-316 | 13650 Fiddlesticks Blvd. Suite 202-316 |
| Fort Myers, Florida 33912              | Fort Myers, Florida 33912              |
|  | ·                                      |

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:

| Daniel Carbone               |                          |
|------------------------------|--------------------------|
| No                           | ame                      |
| 13650 Fiddlesticks Blvd. Ste | 202-316                  |
| Florida street address (1    | P.O. Box NOT acceptable) |
| Fort Myers                   | FL <sup>33912</sup>      |
| 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)

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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<br>MGR   | Daniel Carbone  |
| WICIK  | 13650 Fiddlesticks Blvd, Ste 202-316  |
|  | Fort Myers, Florida 33912   |
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| (Use attachment if necessary)  | <b>⊼</b> s <b>-</b>   |
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| CLE V: Other provisions, if any.   |   |
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|  | RAI — 6   |
| REQUIRED SIGNATURE:  |   |
| ()   | 11/1  |
|  |   |
| Signature of a member or   | an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, I am aware that |
|  |   |
| any false information submitted in a docu  | ment to the Department of State constitutes a third degree teloi  |
| any false information submitted in a docu-<br>as provided for in s.817.155, F.S. | ment to the Department of State constitutes a third degree felor  |

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)