L18000111882

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Cop	cies Certificates of Status
Special Inst	tructions to Filing Officer:
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SECRETARY OF STATE A
FALLAHASSEE, FLORIDA

JUL 17 2018 T SCHROEDER

COVER LETTER

	_	ection Corporations			
SURJECT		AUTHORIO DIO	ATAC /	LC	
			esulting Florida		npany)
			_		d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return	ll corr	respondence concerni	ng this matter	to:	
101	H4	Contact Person) 5 S1617AC_ L (Firm/Company)			
		(Contact Person)			
AUT	W10	DIGITAL L	LC_		
		(Firm/Company)			
20	485	GRANLAGO	DRIVE		
		(Address)		_	
VE	SICE	(Address) City, State and Zip Code)	93-348	G	
	(City, State and Zip Code))		
Joh	NO	AUTHORIODIE	THE. COI	n	
		oe used for future annual i			
For further in	ormati	on concerning this m	atter, please c	all:	
<u> </u>		_	• •		25 2001
JOHN	<u> 121</u>	ARE	at (<u>5) 29</u>	15 – 90 76 time Telephone Number)
(Ivame	or Conta	act Person)	(Area C	.ode) (Dayi	time Telephone Number)
					ed by this office must be payable in US
dollars and dr	wn on	a bank located in the	e United State	s)	
☑ \$150.00 Filir	e Fees	□\$155.00 Filing Fees	□\$180.00 F	iling Fees	□\$185.00 Filing Fees,
(\$25 for Conver	ion	and Certificate of	and Certified		Certified Copy, and
& \$125 for Artic of Organization)	es	Status			Certificate of Status
STREET AD	DRES	S:	Mz	AILING A	.DDRESS:
New Filing S			Ne	w Filing Se	ection
Division of C	•	ions			orporations
Clifton Buildi 2661 Executiv		ter Circle		O. Box 632 Iahassee, F	
Tallahassee, I			1 41	iuiiassee, I	L 32317

INHS11 (7/17)

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 Articles of Conversion is:
AUTHORIO DIOTTAL LLC
(Enter Name of Other Business Entity)
(Internation of the Control of the C
2. The "Other Rusiness Entity" is a 1/1/0
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(Emer entity type: Example, corporation, intitted pardietship, general pardietship, continon taw or outsidess 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)
on <u>fully 24, 2017</u> (date of organization, formation or incorporation)
(date of organization formation or incorporation)
(date of organization, formation or incorporation)
2. The name of the Florida Limited Linkility Commence on the first in the extent of Author 60.
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Auguso XIMAR IIA
AUTHURIO DICITAL, LLC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
(
4. If not effective on the date of filing, enter the effective date: <u>WLY 16, 2018</u>
(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 9 day of July	_ 20 <u>/8 </u>
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Printed Name: Little CARE	Chr BlakeTitle: _PRESIDENT
Signature(s) on behalf of Other Business Entity:	
Signature: John Blake	-
Signature: John Blake Printed Name: JUHN BLAKE	Title: PROSIDERT
Signature:	
Signature: Printed Name:	Title:
Signature	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature	
Signature: Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	S25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional)
Certificate of Status.	S5.00 (Optional)
	\$30.00 (Optional) \$5.00 (Optional) FILED FILED
	TIS THE
	9: 5: RIO.
	Ch P

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The name of the Elimited Blashity Company is:	
AUTHORIO DIGIT	AL, LLC
(Must contain the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the prit	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
20485 BRANLAGO DKITE VENICE, FL 34293-3489	20485 GRANLAGO SLIVE VENICE, FL 34293-3489
VENICE, FL	VENICE, FL
34293-3489	34293-3489
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	-
Name	4KE
Name	
20485 GRAXWAGO	DENE
Florida street address (P.O.	······································
VENICE	FL 34293-3489 Zip
City	Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S
John	Brake
Registered Agent's Signa	ature (REQUIRED)
(CONTINU	FILED UL 13 AM 10: 54 EDARY OF STATE ORIDA

: .			
	ARTICLE IV- The name and address of each person Company:	authorized to manage and con	trol the Limited Liabi
	Title: "AMBR" = Authorized Member "MGR" = Manager MFR	Name and Address: JOHN BLAKE 2048 5 GRANUS VENICE, FL 3	160 DUYE 4293
	(Use attachment if necessary)		18 JUL 1
AR1	TICLE V: Other provisions, if any.		3 AM DO
			en c
	REQUIRED SIGNATURE:		€P_
	1 Indi	In Blake	
	This document is executed in accordance vany false information submitted in a document as provided for in s.817.155, F.S.	ient to the Department of State const	a Statutes. I am aware that
		411 BLAKE	
	Тур	ped or printed name of signee Filing Fees	
		rning rees	