L18000188174

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

Office Use Only

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COVER LETTER

Division of C	orporations						
SUBJECT: MAG Tee	chnology LLC						
SOBJECT.	(Name of Res	sulting Florida Lim	ted Cor	npany)	-		
		_		nd fees are submitted to occordance with s. 605.10		ı "Other	
Please return all corre	espondence concernin	g this matter to:					
Raj Patel							
	(Contact Person)		-				
MAG Technology							
	(Firm/Company)		_				
6135 S Orange Blossom	Trail, STE B						
	(Address)	·	_		Z£	₹	
Orlando, FL 32809						B AUG	
((City, State and Zip Code)		-		:- :-:::::::::::::::::::::::::::::::::	ੁਲ੍ਹ .	
rajalp@gmail.com					4 	a) ·	
E-mail Address: (to b	e used for future annual re	port notifications)	_			<u> </u>	1
For further informati	on concerning this ma	tter, please call:			.•	. S	
Rajal Patel		_at (<u>⁴⁰⁷</u>	504-	1079		0	
(Name of Conta	et Person)	(Area Code) (Day	ytime Telephone Number)	-		
	or the following amou a bank located in the		proces	sed by this office must b	e payable	in US	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Co		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
STREET ADDRESS New Filing Section Division of Corporat Clifton Building 2661 Executive Cent	ions	New F Divisio P. O. I	iling S on of C Box 63	ADDRESS: Section Corporations 27 FL 32314			

Tallahassee, FL 32301

TO: New Filing Section

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 MAG Technology Inc. Place 35199	is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Corporation	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business true	
First organized, formed or incorporated under the laws of	-
(Enter state, or if a non-U.S. entity, the name of the country	/)
04/14/2018 on .	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organiza	ition:
MAG Technology 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 the date this document is filed by the Florida Department of State.)	after
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	s the
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 appraisal rights the amount which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S. 	unt to

Signed this 30	day of July	20_18
Signature of A	Authorized Representative of Lin	nited Liability Company:
0: 0.1		+00
Signature of A	uthorized Representative:	Til Marka
Printed Name:	Rajal Patel	Intle: Member
		[See below for required signature(s)]
Signature:	i C + col	
Printed Name: F	Rajal Patel	Title: AMBR
5 ′ .		
Signature:		Title:
rrinted Name:_		Title:
Signature:		
Printed Name:_		Title:
Ciamatura		
Drinted Memor		Title:
rinted Name		True.
Signature:		
Printed Name:_		Title:
Cionatura:		
Drinted Mame:	•	Title:
Timed Name		11de
If Florida Corp		
Signature of Ch	airman, Vice Chairman, Director, o	r Officer.
If Directors or C	Officers have not been selected, an l	ncorporator must sign.
If Florida Gen	eral Partnership or Limited Liabi	lity Partnershin
	e General Partner.	my varthership.
_		
	ited Partnership or Limited Liabi	lity Limited Partnership:
Signatures of A	LL General Partners.	
All others:		
	authorized person.	
Fees:		
	a.c	***
	s of Conversion:	\$25.00
	r Florida Articles of Organization:	
	d Copy:	\$30.00 (Optional)
Certific	ate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
MAG Technology LLC (Must contain the words "Limited Liability	Company, "L.1.,C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6135 S Orange Blossom Trail	6135 S Orange Blossom Trail
Ste B	Ste B
Orlando, FL 32809	Orlando, FL 32809
The name and the Florida street address of the re	gistered agent are:
6135 S Orange Blossom Trail, Ste	В
Florida street address (P.O.	Box NOT acceptable)
Orlando	FL 32809
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 pa	accept service of process for the above stated limited this certificate, I hereby accept the appointment as cy. I further agree to comply with the provisions of al erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S.,

(CONTINUED)

ARTICLE IV-

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			
AMBR	Rajal Patel		
	6135 S Orange Blossom Trail, Ste B		
	Orlando, FL 32809		_
AMBR	Riley Ross		
	6135 S Orange Blossom Trail, Ste B		
	Orlando, FL 32809		
AMBR	Nick Rodriguez		
	6135 S Orange Blossom Trail, Ste B	7	
	Orlando, FL 32809		_
	-	AP.	Aug
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(Use attachment if necessary)		-	-# 9: 5(
TICLE V: Other provisions, if any.			
REQUIRED SIGNATURE:			
	an authorized representative of a me	mher	_

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.

Rajal Patel

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)