118000208056

(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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THE AUG 30 AMIL: 00
SECRETARY OF STATE

AUG 3 1 2018

* SCHROEDER

COVER LETTER

TO: New Filing S Division of C					
SUBJECT: Tymax, I	.I.C				
30DJLC1	(Name of Res	sulting Florida Lin	ited Cor	npany)	
				nd fees are submitted to convert an "Othe coordance with s. 605,1045, F.S.	
Please return all corr	espondence concernin	g this matter to:			
William A. Ponder					
	(Contact Person)	-	_		
Law Associates, P.C.					
	(Firm/Company)		_		
P.O. Box 705					
	(Address)		-		
Dalton, GA 30720	, ,				
(1	City, State and Zip Code)		_		
tipu.keen@cosmicintern	ational.com				
E-mail Address: (to b	e used for future annual re	port notifications)	_		
For further informati	on concerning this ma	tter, please call			
William A. Ponder		at (⁷⁰⁶	226-0	0335	
(Name of Conta	act Person)		:) (Day	ytime Telephone Number)	
	for the following amou a bank located in the	,	proces	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 Status	□\$180.00 Filin and Certified Co		☐\$185,00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES	S:	MAII	ING A	ADDRESS:	
New Filing Section			Filing S		
Division of Corporat	ions		Division of Corporations		
ϵ			Box 63		
Job L Executive Cent	er (ircle	[allah	25566	FI 32314	

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 Tymax, LLC	Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law of	or business trust, etc.
First organized, formed or incorporated under the laws of Georgia (Enter state, or if a non-U.S. entity, the name	of the country)
January 25, 2012 on	•
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of	of Organization:
Tymax, LLC	
(Enter Name of Florida Limited Liability Company)	
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 to document's effective date on the Department of State's records.	not be listed as the
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 rig which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	thts the amount to
7. The mailing of the converted entity to which the Department may send served on the Department may send any process served on the Department to ss.605.1006 and 605.1061.1072, F.S.	any process ent pursuant 18 AUG 30 AH SECRETOR SECRETO

Signed t	his <u>20th</u>	day of August	_ 20 18	
		rized Representative of Limi		
Signatur Printed I	re of Author Name: <u>Tipu S</u>	ized Representative:	Title: Manager	
Signatu	re(s) on beh	alf of Other Business Entity:	See below for required signature(s)	
Signatur	rc:	Keen		
Printed ?	Name: Tipa S	Keen	Title: Manager	
Signatur Printed I	'c:		Title:	
Printed !	Name			
Signatur Printed I	e: Name:		Title:	
Signatur Printed !	e: Name:		Title:	
Signatur Printed I	e: Name:		Title:	
Signatur Printed 1	'c:		Title:	
rimea	Name			
Signatur		<u>ion:</u> an, Vice Chairman, Director, or ers have not been selected, an Inc		
		Partnership or Limited Liabili neral Partner.	ty Partnership:	
<u>If Floric</u> Signatur	da Limited I es of <u>ALL</u> (Partnership or Limited Liabili General Partners.	ty Limited Partnership:	
All othe Signatur		orized person.		
Fees:				
(Articles of C Fees for Flor Certified Co Certificate o	rida Articles of Organization: py:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RICELS OF OROANIZATION FOR I		
ARTICLE 1 - Name: The name of the Limited Liability Company is	;	
, ,		
Power LLC		
Tymax, LLC (Must contain the words "Limited Liabili	ity Company, "L.L.C.," or "L.L.C.	
(, , , , , , , , , , , , , , , , , , ,	.,,,	•
ARTICLE II - Address:		
The mailing address and street address of the p	rincipal office of the Lim	nited Liability Company is:
Principal Office Address:	Mailing Address:	
2502 Saginaw Trail	2502 Saginaw Trail	
Maitland, FL 32751	Maitland, FL 32751	
ARTICLE III - Registered Agent, Registere The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate	
Tipu S. Keen		-
Nam	ie	
2502 Saginaw Trail		_
Florida street address (P.C). Box <u>NOT</u> acceptable)	
Maitland	FL 32751	_
City	Zip	
Having been named as registered agent and a liability company at the place designated is registered agent and agree to act in this capact statutes relating to the proper and complete accept the obligations of my position as reaccept the Registered Agent's Sig	in this certificate, I hereby city. I further agree to con performance of my duties egistered agent as provided gnature (REQUIRED)	accept the appointment as mply with the provisions of all and I am familiar with and

A	D	TI	CI	L.	$\mathbf{I}V_{-}$
-	к			. F.	- 1

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	
Manager	Tipu S. Keen
	2502 Saginaw Trail
	Maitland, FL 32751
	
	<u>→ → → → → → → → → → → → → → → → → → → </u>
	<u> </u>
(Use attachment if necessary)	··
(ese anaemient in necessary)	
ICLE V: Other provisions, if any.	
,	
	<u> </u>
REQUIRED SIGNATURE:	
	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 talse information submitted in a docu as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree felony
as provided for in s.o. (7.100, 1.6).	
Tipu S. Keen, Manager	
Ty	med 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)