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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
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(DC	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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FALL SHARSSEE FLORIDA

SEP 2 6 2018 T SCHROEDER

### **COVER LETTER**

TO: New Filing S Division of C				•
SUBJECT: Office F	X, LLC			
SOBJECT.	(Name of Res	sulting Florida Limit	ed Com	ipany)
				d fees are submitted to convert an "Other ecordance with s. 605,1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
Nicholas G Mossotti				
	(Contact Person)			
Office Fx, LLC				
	(Firm/Company)			
10601 Gandy Blvd, N.,	#5214			
	(Address)			
St Petersburg, FL 33702				
(	City, State and Zip Code)			
nmossotti@brighthouse	.com			
E-mail Address: (to l	oe used for future annual re	port notifications)		
For further informati	ion concerning this ma	tter, please call:		
Nicholas G Mossotti		at ( 314	365-3	546 time Telephone Number)
(Name of Cont	act Person)	(Area Code)	(Day	time Telephone Number)
	for the following amou a bank located in the		rocess	ed 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 Filing and Certified Cop		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status

### STREET ADDRESS:

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### MAILING ADDRESS:

New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

## 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:  Office Fx. LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on February 2003 Q 3 03 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Office Fx. 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 24th day of August	20_18			
Signature of Authorized Representative of Limi	ted Liability Company:			
Signature of Authorized Representative: Printed Name: Nicholas G MOssotti	Title: President/Owner	·•		
Signature(s) on behalf of Other Business Entity:				
Signature: Printed Name: Nicholas G Mossotti	Title: President/Owner	<del>-</del>		
Signature:Printed Name:	Title:	_		
Signature: Printed Name:				
Signature:Printed Name:	Title:	-		
Signature:Printed Name:	Title:	-		
Signature:Printed Name:	Title:	<b>-</b> -		
If Florida Corporation: Signature of Chairman. Vice Chairman. Director, or of Directors or Officers have not been selected, an Inc.  If Florida General Partnership or Limited Liability Signature of one General Partner.	Officer. corporator must sign. tv Partnership:			
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:			
All others: Signature of an authorized person.		IJV1 PIS	18	
Fees:  Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	180 (2) 1855 PB7 1815 - 1 1855 PB7	SEP 25 MHII: 2	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the I	ame: Limited Liability Compan	y is:			
Office FX, LLC					
	fust contain the words "Limited Li	ability Company, "L.L.C.," or "LLC."	İ.		
ARTICLE II - A The mailing addre		ne principal office of the Lim	ited Liability Company is:		
Principal Office Address:		Mailing Address:	Mailing Address:		
Office Fx, LLC / Nic	cholas G Mossotti	Office Fx, LLC / Nicholas	G Mossotti		
10601 Gandy Blvd N	V, #5214	10601 Gandy Blvd N, #52	14		
St Petersburg, FL 33	702	St Petersburg, FL 33702			
(The Limited Liability Obusiness entity with ar	Registered Agent, Registe Company cannot serve as its own F active Florida registration.)  Florida street address of t	ered Office, & Registered A Registered Agent. You must designate the registered agent are:	Agent's Signature: an individual or another		
	Nii deatas C	" Manati			
	Nicholas C	ane			
	14	idiic			
	10601 Gandy Blvd N, #5214	4			
	Florida street address (	P.O. Box <u>NOT</u> acceptable)			
	St Petersburg	F1_33702			
	City	Zip			
liability com registered agem statutes relatit	pany at the place designate t and agree to act in this ca ig to the proper and compl	nd to accept service of processed in this certificate. I hereby spacity. I further agree to confete performance of my duties, s registered agent as provided	accept the appointment as uply with the provisions of all and I am familiar with and		

ARTICLE IV-

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		
"MGR" = Manager AMBR	Nicholas G Mossotti	
Alvion	10601 Gandy Blvd. N., #5214	<del></del>
	St Petersburg, FL 33702	<del></del>
<del></del>		
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	18 79'	
(Use attachment if necessary)		ž25
	رد. بساحح	-
ARTICLE V: Other provisions, if any.		
ARTICLE V. Other provisions, it may.	95 95	<del></del>
	<u></u>	<u> </u>
	C/A III	

### REQUIRED SIGNATURE:

Signature of a member or 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 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.

Michelias G Mossorn

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)