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(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

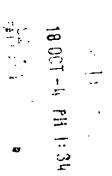
Office Use Only

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COVER LETTER

TO:	New Filing S Division of C					
SUBJ	JECT: Coin-Ma	•				
300	.be 1		sulting Florida Limit	ed Con	mpany)	
		s of Conversion, Artic a "Florida Limited Li				
Please	e return all corr	espondence concernin	g this matter to:			
Rober	t May					
		(Contact Person)		1		
		(Firm/Company)				
800 Sc	outh Dakota Ave.,					
		(Address)				
Tampa	a, FL 33606					
	(0	City, State and Zip Code)				F. 8
Rober	t@FloridaSubroLa	aw.com				
Е-г	nail Address: (to b	e used for future annual re	port notifications)			18 DCT -4
For fu	ırther informati	on concerning this ma	tter, please call:			_ a
Rober	t May		_at (⁸¹³	470-8	8724	
	(Name of Conta	ict Person)	(Area Code)	(Day	time Telephone Number)	
		for the following amou a bank located in the		rocess	sed by this office must	t be payable in US
(\$25 fc & \$125	0.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	EET ADDRES	S:			ADDRESS:	
	Filing Section ion of Corporat	ione	New Fi	_		
	n Building	10118	P. O. B		Corporations 27	
	Executive Cent	er Circle			FL 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 Article Coin-Mat, Inc.	es of Conversion 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	n law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the	name of the country)
04/21/2017 on	, in the second second
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	cles of Organization:
Coin-Mat, 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 the date this document is filed by the Florida Department of State.)	•
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as 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 appraise which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	al rights the amount to
	* 표

Signature of Authorized Representative of Limi		
Signature of Authorized Representative: Printed Name: Robert G. May	Title: President	-
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	
Signature: Printed Name: Robert G. May		_
Printed Name: Robert G. May	Title: Manager	-
Signature:		_
Signature: Printed Name:	Title:	-
Signature:		_
Printed Name:	Title:	-
Signature:		_
Signature:Printed Name:	Title:	-
Signature:		_
Signature:Printed Name:	Title:	<u>-</u>
Signature:		_
Printed Name:	Title:	-
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili	Officer. corporator must sign. ty Partnership:	-
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Interpretation of Chairman of Interpretation of Chairman, Director, or If Directors or Officers have not been selected, an Interpretation of Chairman of Interpretation of In	Officer. corporator must sign. ty Partnership:	- -
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabili	Officer. corporator must sign. ty Partnership:	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability C	ompany is:		
Coin-Mat, LLC			
(Must contain the words "L	imited Liability	Company, "L.L.C.," or "LLC."	
ARTICLE II - Address:			
The mailing address and street addre	ess of the prin	ncipal office of the Limi	ted Liability Company is:
Principal Office Address:	·	Mailing Address:	, , ,
800 South Dakota Ave.		PO Box 24313	
#334		Tampa, FL 33623	
Tampa, FL 33606			
business entity with an active Florida registration. The name and the Florida street additional Robert May	ress of the re	gistered agent are:	
	Name		
7650 West Courtne	v Campbell Cs	wv. Ste. 800	
· · · · · · · · · · · · · · · · · · ·		Box NOT acceptable)	
Tampa		FL 33607	
C	ity	Zip	
Having been named as registered a liability company at the place do registered agent and agree to act in statutes relating to the proper and accept the obligations of my pos	esignated in t n this capacit d complete pe	this certificate, I hereby on y. I further agree to come formance of my duties,	accept the appointment as uply with the provisions of all and I am familiar with and I for in Chapter 605, F.S
1//			16 0€
Registered A	gent's Signa	iture (REQUIRED)	OT - 4
	(CONTINU	JED)	<u>ا</u>

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		
MGR	Robert May	
	800 South Dakota Ave. #334	<u>-</u>
	Tampa, FL 33606	
		
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		00.7
		
		-
(Use attachment if necessary)		
		q
CLE V: Other provisions, if any.		
,		
	· · · · · · · · · · · · · · · · · · ·	-

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.

Robert G. May

REQUIRED SIGNATURE

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)