L1800164853

(Re	questor's Name)	-
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Su	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to		

Office Use Only

M MOON NOV 1 6 2018



600314867846

BOULD THE ST

FILED

8 NOV 15 AM 9: 50

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 491198/ 8158551

تتناد

AUTHORIZATION : THE END

COST LIMIT : \$ 185.00

ORDER DATE: November 15, 2018

ORDER TIME : 3:30 PM

ORDER NO. : 491198-025

CUSTOMER NO: 8158551

DOMESTIC AMENDMENT FILING

NAME: IN ZONE HOLDINGS, INC.

EFFECTIVE DATE:

XX ARTICLES OF CONVERSION
WITH ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER'S INITIALS:

COVER LETTER

Division of Corporations					
SUBJECT: In Zone Holdings, LLC					
(Name of Res	ulting Florida Limite	ed Company)	-		
The enclosed Articles of Conversion, Articles Business Entity" into a "Florida Limited Lin	ability Company	on, and fees are submitted to "in accordance with s. 605.1	convert an "Other 045, F.S.	·	
Please return all correspondence concerning	g this matter to:				
Reinaldo Pascual					
(Contact Person)					
Pascual LLC					
(Firm/Company)					
3340 Peachtree Road, NE, Tower Place 100, Suite I	1690				
(Address)					
Atlanta, GA 30326					
(City, State and Zip Code)					
rey@pascualllc.com					
E-mail Address: (to be used for future annual re-	port notifications)				
For further information concerning this mat	ter, please call:				
Reinaldo Pascual	at (404	267-8160			
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)	_		
Enclosed is a check for the following amou dollars and drawn on a bank located in the	nt: (All checks p		be payable in US		
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\int \frac{1}{3} \frac{155.00}{3} \text{ Filing Fees} \text{ and Certificate of Status}	\$180.00 Filing and Certified Cop.		SECRE I	18 NOV !	<u>الر</u>
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	New Fi Divisio P. O. B	ING ADDRESS: ling Section n of Corporations ox 6327 ssee, FL 32314	ARY OF STATE SSEE, RLOOPS	15 AM 9:50	ILED

P180000 40852

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.

Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: In Zone Holdings, Inc.
(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 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)
May 8, 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 Organization:
In Zone Holdings, 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 day of	of November	. 20_18
Signature of Authorized R	epresentative of Limits	d-Liability Company:
6	A Company of the Comp	724
Signature of Authorized Rep	presentative:	Title: Ohief Executive Officer
Printed Name: Leon James Scot	n, m	Tifle: Amiel Executive Office
Signature(s) on behalf of O	ther Business Entity: [S	ee below for required signature(s)]
Signature:	·	
Printed Name: Lean James Sco	() [[]	Title: Chief Executive Officer
Signature:		
Printed Name:		Title:
Signature:		Tial
Printed Name:		Title:
Signature;		
Printed Name:		Title:
77770271201		
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
If Florida Corporation:	Chilman Disaster as O	
Signature of Chairman, Vice If Directors or Officers have		
If Directors of Officers have	not been selected, an mice	orporator must sign.
If Florida General Partners	thin or Limited Liability	Partnershin'
Signature of one General Par		Tarthersuly.
Signature of one Concini I at		
If Florida Limited Partners	thip or Limited Liability	Limited Partnership:
Signatures of ALL General F		
All others:		
Signature of an authorized pe	erson.	
•		
Fces:		

Articles of Conversion	on:	\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status: 18 NOV 15 AM 9: 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

n Zone Holdings, LLC (Must contain the words "Limited Liability Company, "L.I.C.," or "LLC.")	
<u> </u>	
n Zone Holdings, LLC (Must contain the words "Limited Liability Company, "L.1_C.," or "LLC.")	
(Musi contain the words "Limited Liability Company, Litter," or "LLC.,"	_
ARTICLE II - Address:	•
he mailing address and street address of the principal office of the Limited Liability (Company is:
Principal Office Address: Mailing Address:	
195 Nurmi Drive 195 Nurmi Drive	
Fort Lauderdale, FL 33301 Fort Lauderdale, FL 33301	-
The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or an	
The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or an business entity with an active Florida registration.)	
The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or an business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Corporation Service Company	
The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or an business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	
· · · · · · · · · · · · · · · · · · ·	
The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or an business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Corporation Service Company Name	
The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or an business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Corporation Service Company Name	

registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature PREQUIREST. Vice President

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Leon James Scott, III
	195 Nurmi Drive
	Fort Landerdale, FL 33301
· · · · · · · · · · · · · · · · · · ·	
	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
· ·	
LE V: Other provisions, if any.	11/15/18
LE V: Other provisions, if any. REQUIRED SIGNATURE:	r an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware t
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware toument to the Department of State constitutes a third degree fel
REQUIRED SIGNATURE: Signature of a thember of This document is executed in a coordana any false information submitted in a doc	ce with section 605.0203 (1) (b), Florida Statutes, I am aware t

ARTICLE IV-