# 48000 270 779

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
<del></del>				
Special Instructions to Filing Officer:				

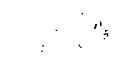
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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

## **SUBJECT:** Polaris Underwriting Technologies LLC

Name of Florida Limited Liability Company

The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company" into an "Other Business Entity" in accordance with s.605.1045, F.S.

Please return all con	respondence concernir	ng this matter to:	
James W. Maxson			
	Contact Person		
	Firm/Company	· · · · · · ·	
307 W. Hill S	Street		
	Address	<del></del>	
Decatur, GA	30030		
	City, State and Zip Code		
jmaxson@e E-mail address: (to	m3law.com be used for future annual	report notification)	
For further informat	ion concerning this ma	atter, please call:	
James W. Maxson		at (404 ) 343-0187	
Name of Contact Person		Area Code and Daytime Telephone Number	
Enclosed is a check	for the following amo	unt:	
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee and Certificate of Status	☐\$55.00 Filing Fee and Certified Copy	■ \$60.00 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS:		MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P. O. Box 6327	
2661 Executive Center Circle		Tallahassee, FL 32314	

CR2E106 (05/17)

Tallahassee, FL 32301

#### **Articles of Conversion**

For

#### Florida Limited Liability Company

nto

#### "Converted or Other Business Entity"

The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

## Polaris Underwriting Technologies LLC

Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

## Polaris Underwriting Technologies LLC

Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

organized, formed or incorporated under the laws of Georgia

(Enter state, or if a non-U.S. entity, the name of the country)

The formation document is attached (if applicable).

- 4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.
- 5. This conversion shall be effective in Florida on:

  (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")

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.

- 6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":
  - a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

InCorp Services Inc. Street Address: 17888 67th Court North Loxahatchee, FL 33470 InCorp Services Inc. Mailing Address: 17888 67th Court North Loxahatchee, FL 33470 7. 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.  $_{\text{Signed this}}\,23\text{rd}$ \_\_<sub>\_day of</sub>\_August Must be signed by a Member or Authorized Representative Rita Lov Printed Name: \$25.00 Fees: Filing Fee: Certified Copy: \$30.00 (Optional) \$5.00 (Optional) Certificate of Status:

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