

L18000 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 \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700333405827

09/05/19--01007--029 \*\*60.00

19 SEP -5 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

SEP 1 3 2019  
T SCHROEDER

**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 correspondence concerning this matter to:

James W. Maxson

Contact Person

Firm/Company

307 W. Hill Street

Address

Decatur, GA 30030

City, State and Zip Code

jmaxson@em3law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James W. Maxson

Name of Contact Person

at ( 404 ) 343-0187

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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:**

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

**MAILING ADDRESS:**

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

CR2E106 (05/17)

**Articles of Conversion**  
For  
**Florida Limited Liability Company**  
Into  
**"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: **08/01/2019**

(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.

FILED  
19 SEP -5 AM 9:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Street Address: InCorp Services Inc.  
17888 67th Court North Loxahatchee, FL 33470

Mailing Address: InCorp Services Inc.  
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.

Signed this 23rd day of August, 2019

Signature: Rita Loy  
Must be signed by a Member or Authorized Representative

Printed Name: Rita Loy Title: CEO

**Fees:** Filing Fee: \$25.00  
Certified Copy: \$30.00 (Optional)  
Certificate of Status: \$5.00 (Optional)

FILED  
19 SEP -5 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA