

(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE

# SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/26/2	018	ALLEGE A P. P. P. P. P.
		**WALK IN**
ENTITY NAME_	BLUE BIRD TECHNOLOGIES LLC	
DOCUMENT NU	JMBER	
	**PLEASE FILE THE ATTACHED AND RETURN**	
xxx	. Plain Copy	
	Certified Copy	
	Certificate of Status	TAL TAL
	**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	FILED BEC 26 PAGE
	Certified Copy of Arts & Amendments	2# 12: 54 ED
	Certificate of Good Standing	in F
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DE	ESTINATION	
	RTIFICATES REQUESTED	
TOTAL OWED_	\$150.00 CHECK # 5591	
Please call Ti	ina at the above number for any issues or concerns. Thank you	so much!

### 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: BLUE BIRD TECHNOLOGIES LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability company
(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)
July 26, 2016 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:
BLUE BIRD TECHNOLOGIES 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.
5. 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.
7.

Signed this 26th day of December		
Signature of Authorized Representative of Limit	.1 .7	
Signature of Authorized Representative: Printed Name: Jeffrey Glazer	Tiple: Manager	
Signature(s) on behalf of Other Business Entity: [8	See below for required signature(s)]	
Signature: 7/96/10 a DMa	<u> </u>	
Printed Name: Jéffrey Glazer	Title: Manager	
Signature:		
Printed Name:	rent . 4	
Signature:		
Printed Name:		
Signature:	mar.i	
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or C If Directors or Officers have not been selected, an Inc		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.	•	TA co
Fccs:		ECRE
Articles of Conversion:	\$25.00	S.
Fees for Florida Articles of Organization:	\$125.00	22.4
Certified Copy:	\$30.00 (Optional)	J
Certificate of Status:	\$5.00 (Optional)	, <b>T</b>
		물질

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BLUE BIRD TRCH	NGLOGIES LLC		
		delity Company, "LLC," or "LC.")	
ARTICLE II - A	<del></del>	n principal office of the Limited Liabilit	v Company ia:
Principal Office		Malling Address:	
325 Donald Lynch I	Blvd, Suite 115	325 Donald Lynch Blvd, Suite 115	
Marlborough, MA 0		Mariborough, MA 01752	_
(The Limited Liability business entity with a	Registered Agent, Registr Company cannot seve as its own I n active Florida registration.) o Florida street address of t	red Office, & Registered Agent's Sign epistered Agent. You must designate an individual or he registered agent are:	nature: : exufac
(The Limited Liability business entity with a	Company cannot serve as its own is not in a control in active Florida sugistation.)  Plorida street address of t  Jeffrey Gisser	agistered Agent. You must designate an individual or he regulatered agent are:	nature: resulter
(The Limited Liability business entity with a	Company cannot serve as its own is not in a control in active Florida sugistation.)  District address of the sugistation of the suggestion	agistered Agent. You must designate an individual or	nature: resulter
(The Limited Liability business entity with a	Company cannot serve as its own B n sotive Florida registration.)  D Florida street address of t	agistered Agest. You smirt designate an individual or he regulatered agent are:	nature: resulter
(The Limited Liability business entity with a	Company cannot serve as its own B n sotive Florida registration.)  D Florida street address of t	agistered Agent. You mint designate an individual or he registered agent are;	nature: randar
(The Limited Liability business entity with a	Company cannot serve as its own B n sotive Florida registration.)  D Florida street address of t	agistered Agest. You smirt designate an individual or he regulatered agent are:	nature: resider

(CONTINUED)

Registered Agent's (Synature (REQUIRED)

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SECRETARY OF STATE
TALLAHASSEE FLOPIN

The name and address of each person authorized to manage and control the Limited Liability Сопреду: Titlea Name and Address: "AMBR" = Authorized Member "MGR" - Manager MCER. Jeffrey Glazer 50 Central Avenue, Apr. 1704 Sarasota, FL 34236 (Use attachment if necessary) ARTICLE V: Other provisions, if env. These Artisles of Organization shall be officitive on January 1, 2019. REQUIRED SIGNATURE: Sign/ture of a member or an authorized representative of a member This describent 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 falony as provided for in s.817.155, F.S. Jattrey Gianer Typed or printed name of signee Filtra Frees \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 8 30.00 Certified Copy (Optional) \$ 5.00 Cartificate of Status (Optional)

ARTICLE IV-

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