14900004844

(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

K. PAGE

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January 8, 2019

GREGORY LYONS PO BOX 291330 TAMPA, FL 33687

SUBJECT: NETWIRE TECHNOLOGY, LLC

Ref. Number: W19000001971

We have received your document for NETWIRE TECHNOLOGY, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 119A00000541

Keyna E Page Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: New Filing Section Division of Corpor			
SUBJECT: NE	TWIRE	TECHN	VOLOGY, LLC
	(Name of Resulting Flori		
			s are submitted to convert an "Othe lance with s. 605.1045, F.S.
Please return all correspor	ndence concerning this mat	ter to:	
NETIN	LYONS Ontact Person) FRE		
	rm/Company)		
P.C. Ba	rm/Company) $(Address)$	0	
	(Address)		
TAMPA,	FL 396 Itate and Zip Code)	チア	
(City, S	tate and Zip Code)		
VMLYONSA	QME. COM		
	for future annual report notifica	ations)	
For further information co	ncerning this matter, pleas	e call:	•
6A96 LY	$\frac{ONS}{\text{son}}$ at $\frac{S}{\text{(Are}}$	13 60	0 - 9/36
(Name of Contact Per	son) (Are	a Code) (Daytime T	'elephone Number)
Enclosed is a check for the dollars and drawn on a bar	-		y this office must be payable in US
	Certificate of and Certi	fied Copy Cert	185.00 Filing Fees. ified Copy, and ificate of Status
STREET ADDRESS: New Filing Section Division of Corporations	1	MAILING ADDR New Filing Section Division of Corpor	n

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

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 Articles of Conversion is:
(Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPURATION (11205)
(Enter entity type. Example: corporation, limited partnership, general partnership, common 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)
on 6/03/2002 03-0440148
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
NETWIRE TECHNOLOGY LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: \(\frac{12/31/2018}{2018}\). (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
(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 27 day of DECEMBER	_20 <u>/8</u>	
Signature of Authorized Representative of Limit	ed Liability Company:	
Signature of Authorized Representative: 3 Printed Name: 62860RY F, LYONS	Title: REGISTERED M	1GENT
Signature(s) on behalf of Other Business Entity: [3	See below for required signature(s)
Signature: / GMSSaM JONS Printed Name: VANESSA M. LYQUS		
Printed Name: VANESSA M. LYGWS	Title: PRESIDENT, G	STRECTOR
Signature: /// Printed Name:		
Printed Name:	Title:	
Signature: 1/A		
Signature:/APrinted Name:	Title:	
Signature:		
Signature:	Title:	-
Signature://A Printed Name:	Title:	
. //		
Signature: W/A Printed Name:	Title:	 -
Trimed Italie.	_ ruc.	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or C	\Gaa=	
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 <u>ALL</u> General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		5 16
Fees:		<u> </u>
		E B
Articles of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00	25
Certified Copy:	\$30.00 (Optional)	$f_{n}^{(i)}$ $\stackrel{\bullet}{\rightleftharpoons}$ $f_{n}^{(i)}$
Certificate of Status:	\$5.00 (Optional)	10. 6
		6: 09 6: 09 0:002
		i di di j

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

NETWIRE	TECHNOLOGY	LLC
(Must contain the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")	

ARTICLE II - Address:

Principal Office Address:

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are:	<u> </u>	19	<u>-</u>
GREGORY F. LYONS	: c :	1 1 1 1 1 1 1	
Name	73.5	23	(, -
12/13 WOOD DINCK PL	E.G.	<u></u>	' 't
Florida street address (P.O. Box <u>NOT</u> acceptable)	; ;	5	;:
TAMPA FL 33617	END'S	90 s	
City Zip			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ΑR	TI	CI	Æ.	IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Gana and Market	, 0
MGR	GREGORY F. LYON	<u>کرل</u>
	12/13 WOOD DIC TAMPH, FL 336	17
1 10 0		<u></u>
AMBR	VANESTA M, LYON	<u>2</u>
	72/13 WOOD DUCK	3/
	110000	<u>-, </u>
(Use attachment if necessary)		
(Use attachment if necessary)		
• /		
• /		
(Use attachment if necessary) LE V: Other provisions, if any.		
•		
LE V: Other provisions, if any.		
LE V: Other provisions, if any.		
• /	Dan-	
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a membe	er
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance		aware
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155. F.S.	an authorized representative of a membe with section 605.0203 (1) (b), Florida Statutes. I amment to the Department of State constitutes a third de	aware
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155. F.S.	an authorized representative of a membe with section 605.0203 (1) (b), Florida Statutes, 1 am	award

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)