# L19000118943

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE IVISION OF CORPORATIONS

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## **COVER LETTER**

TO: New Filing S Division of C						
SURJECT: SCHUDE	ER TECHNOLOGIES LLC	•				
Sobole 1.	(Name of Re	sulting Florida Limito	d Con	npany)		
				d fees are submitted to convectordance with s. 605.1045, it		her
Please return all corr	espondence concernin	g this matter to:				
MICHAEL SNYDER						
	(Contact Person)	<del></del>			<del>-</del>	<u>:</u>
SCHUDER TECHNOLO	OGIES LLC				7.0X	ISIO
	(Firm/Company)				က် ယ	200
11265 RIVER KNOLL I	DRIVE				30	00
	(Address)					1770
JACKSONVILLE FLOR	RIDA 32225				AM   1: 55	DIVISION OF CORPORATION
(1	City, State and Zip Code)				Ş	7
schudertechnologies@gr						
E-mail Address: (to b	e used for future annual re	port notifications)				
For further informati	on concerning this ma	tter, please call:				
STANLEY SIKORSKI		_at ( <u>904</u> )	396-7	719		
(Name of Conta	ect Person)	(Area Code)	(Day	rtime Telephone Number)		
	or the following amou		ocess	sed by this office must be pay	able in U	S
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fand Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
STREET ADDRES	S:	MAILI	NG A	ADDRESS:		
New Filing Section		New Fit				
Division of Corporations				corporations		
Clifton Building 2661 Executive Cent	er Circle	P. O. Bo Tallahas		27 FL 32314		
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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: SCHUDER 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.)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of OHIO  (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
11/05/2008 on
(date of organization, formation or incorporation)
SCHUDER 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.
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.

Si	igned this 24th	_ day of APRIL		20_19	
<u>S</u> i	ignature of Author	rized Representativ	e of Limit	ed Liability Com	<u>pany:</u>
		zed Representative: EL SNYDER			——————————————————————————————————————
<u>Si</u>	gnature(s) on beha	lf of Other Business	Entity: [	See below for requ	uired signature(s)]
XSi	gnature:	EL SNYDER		Title: MANAGING	G MEMBER
Si Pr	gnature: rinted Name:			Title:	
Pr	rinted Name:			_Title:	
Si	gnature:				
Pr	rinted Name:			Title:	
Si	gnature:				
Pr	inted Name:			_ Title:	
Si	gnature:				
Pr	inted Name:			Title:	
Si If	Directors or Officer	on: a, Vice Chairman, Di s have not been selec artnership or Limite	ted, an Inc	orporator must sigr	1.
	gnature of one Gene		.u madiii	y ratticisii <u>p.</u>	
	Florida Limited Pagnatures of ALL Ge	artnership or Limite neral Partners.	d Liability	<u> Limited Partner</u>	ship:
	ll others: gnature of an author	ized person.			
<u>Fe</u>	ees:				
	Articles of Co Fees for Florio Certified Copy Certificate of	da Articles of Organ y:	ization:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	)

RECRUTARY OF STATE

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

is:	
10.	
oility Company, "L.L.C.," or "LLC.")	
principal office of the Limited Liabil	ity Company is:
Mailing Address:	
11265 RIVER KNOLL DRIVE	
JACKSONVILLE FLORIDA 32225	
red Office, & Registered Agent's Signistered Agent. You must designate an individual	gnature: or another
e registered agent are:	<del>1</del> 9
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DD CLUTTE E 4	
	AM II: 5
is. Son <u>i.o. i</u> deceptation	7164 55
FL 32207	<i>장</i>
Zip	
in this certificate, I hereby accept the e acity. I further agree to comply with the e performance of my duties, and I am f	appointment as se provisions of al amiliar with and
	Mailing Address:  11265 RIVER KNOLL DRIVE JACKSONVILLE FLORIDA 32225  red Office, & Registered Agent's Signistered Agent. You must designate an individual registered agent are:  me RD SUITE E-3 O. Box NOT acceptable)

(CONTINUED)

#### ARTICLE 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		
MGR	MICHAEL SNYDER	
<del></del>	11265 RIVER KNOLL DRIVE	<del></del>
	JACKSONVILLE FLORIDA 32225	
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(II 1 (C		
(Use attachment if necessary)		H: 55
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LE V: Other provisions, if any.		
		-
		<del></del>

Signature of a member or an authorized representative of a member

This document 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 felony as provided for in s.817.155, F.S.

MICHAEL SNYDER

Typed or printed name of signee

#### Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)