# L19000143478

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiliess Enaily Home)
(Document Number)
Certified Copies Certificates of Status
Cassial Issueries as Ellis Office
Special Instructions to Filing Officer:





400330487094

SECRETARY OF STATE

2019 JUN -6 PN 12: 05

19 JUN -6 PH 4: 12

UN 0 7 2019

K Brumbley

## FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

**DATE:** 6/6/19

NAME: BUYERS EDGE PLATFORM, LLC

TYPE OF FILING: CONVERSION

COST: 155.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### **Articles of Conversion**

For

#### "Other Business Entity"

lnto

#### 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: Buyers Edge Platform, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation (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)
on, 2019 (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Buyers Edge Platform Opco, 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.

ZOIO JUN -5 PAILZ: 03 SEGRETARY OF STARE

Signed this 6th day of June	20_19
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: /s/ Joh	n B. Davie
Printed Name: John B. Davie	Title: Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Circumstance (at John P. Davie	
Signature: /s/ John B. Davie Printed Name: John B. Davie	Title: President
Frinted Name, John B. Davie	Title, Tresident
Signature:	
Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	ept 1.1
Printed Name:	little:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limitad Partnership
Signatures of ALL General Partners.	ty Elimited Farthersing.
All others:	
Signature of an authorized person.	
<u>Fees;</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
Servinonie of Status.	Value (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the I	i <b>me:</b> Limited Liability Compan	y is:	
Buyers Edge Platfort			
(N	fust contain the words "Limited L	iability Company, "L.L.C.," or "LLC	2.")
<b>ARTICLE II - A</b> The mailing addre		ne principal office of the Li	mited Liability Company is:
Principal Office	Address:	Mailing Address:	
1005 Lake Avenue		Same as Principal Office	e Address
Lake Worth, Florida	33460		<del></del>
(The Limited Liability C business entity with an		ered Office, & Registered Registered Agent. You must designath the registered agent are:	
		Vame	<del></del>
	1005 Lake Avenue		
	Florida street address	(P.O. Box <b>NOT</b> acceptable	)
	Lake Worth	FL 33460	_
	City	Zip	
liability com registered agent statutes relatir	pany at the place designat t and agree to act in this co ng to the proper and comp	ed in this certificate, I hereb apacity. I further agree to co lete performance of my dutic as registered agent as provid	ess for the above stated limited by accept the appointment as comply with the provisions of all es, and I am familiar with and led for in Chapter 605, F.S

(CONTINUED)

A	D	TI	CI	E.	IV-
/ 🖜	к		<b>.</b>		1 V -

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

"MGR" = Manager	
MGR	John B. Davie
	1005 Lake Avenue
	Lake Worth, Florida 33460
<del></del>	
(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.  REQUIRED SIGNATURE:	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:  _/s/ John B. Davie	or an authorized concentative of a member
LE V: Other provisions, if any.  REQUIRED SIGNATURE:  /s/ John B. Davie. Signature of a member of	or an authorized representative of a member
REQUIRED SIGNATURE:  _/s/ John B. Davie.  Signature of a member of This document is executed in accordance.	nce with section 605.0203 (1) (b), Florida Statutes. I am aware
REQUIRED SIGNATURE:  _/s/ John B. Davie.  Signature of a member of This document is executed in accordance.	
REQUIRED SIGNATURE:  _/s/ John B. Davie.  Signature of a member of this document is executed in accordar any false information submitted in a do as provided for in s.817.155, F.S.	nce with section 605.0203 (1) (b), Florida Statutes. I am aware
REQUIRED SIGNATURE:  _/s/ John B. Davie  Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.155, F.S.  John B. Davie	nce with section 605.0203 (1) (b), Florida Statutes. I am aware cument to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE:  _/s/ John B. Davie  Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.155, F.S.  John B. Davie	nce with section 605.0203 (1) (b), Florida Statutes. I am aware