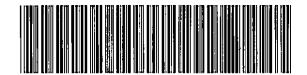
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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | idress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nar | ne) |
| (Dx | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: New Filing Section Division of Corporations | | |
|--|--|--|
| SUBJECT: Sallee Technology lle | | |
| | of Resulting Florida Limite | ed Company) |
| The enclosed Articles of Conversion, a Business Entity" into a "Florida Limite | Articles of Organization of Liability Company' | on, and fees are submitted to convert an "Ot" in accordance with s. 605.1045, F.S. |
| Please return all correspondence conce | erning this matter to: | |
| Brandon Sallee | | |
| (Contact Person) | | - |
| Sallee Technology | | |
| (Firm/Company) | | - |
| 15 Paradise Płaza 119 | | |
| (Address) | | - |
| Sarasota FI 34239 | | |
| (City, State and Zip C | ode) | - |
| bjsullee@gmail.com | | |
| E-mail Address: (to be used for future ann | ual report notifications) | - |
| For further information concerning this | s matter, please call: | |
| Brandon J. Sallee | at (<u></u> |)500-2134) (Daytime Telephone Number) |
| (Name of Contact Person) | (Area Code) |) (Daytime Telephone Number) |
| Enclosed is a check for the following a dollars and drawn on a bank located in | | processed by this office must be payable in |
| S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) When process (\$25 for Conversion and Certificate of Status of Organization) (\$25 for Articles of Status of Organization) | and Certified Cop | |
| STREET ADDRESS: | MAIL | ING ADDRESS: |

New Filing Section

P. O. Box 6327

Division of Corporations

Tallahassee, FL 32314

INHS11 (7/17)

New Filing Section Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

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: Sailee Technology IIc |
|---|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a [le (Enter entity type, Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| First organized formed or incompany to 1 1 1 1 OH |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| 7/i7/2017 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: |
| Sallee Technology IIc |
| (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. |

IONOVIZ AM 2: 05

| Signed this 12 | day of November | 2019 |
|------------------------|---|---|
| Signature of Autl | horized Representative of Lim | ited Liability Company: |
| 6. | | 1// |
| Dringed Name Rem | orized Representative: | Title: Owner |
| rimed Name, make | on once | Titte: Owner |
| Signature(s) on be | half of Other Business Entity: | [See below for required signature(s)] |
| Signature: | Lelle | |
| Printed Name: Brays | On Sallee | Title: Owner |
| | | |
| Signature: | | |
| Printed Name: | | Title: |
| Simpaturo: | | |
| Printed Name: | | Title: |
| | | thie: |
| Signature: | | |
| Printed Name: | | Title: |
| | | |
| Signature: | | Title: |
| rrinted Name: | | Title; |
| Signature: | | |
| Printed Name: | | Title: |
| | | |
| If Florida Corpora | <u>ition:</u> | |
| Signature of Chairn | nan, Vice Chairman, Director, or | Officer. |
| II Directors of Office | cers have not been selected, an In | ecorporator must sign. |
| If Florida General | Partnership or Limited Liabil | ity Partnarchine |
| Signature of one Go | eneral Partner. | arthership. |
| | | |
| If Florida Limited | Partnership or Limited Liabil | ity Limited Partnership: |
| Signatures of ALL | General Partners. | |
| All others: | | |
| Signature of an auth | parized person | |
| Comment of an anti- | rorred person. | |
| <u>Fees:</u> | | |
| Artiala F | C | |
| | Conversion: orida Articles of Organization: | \$25.00 |
| Certified Co | opa. Puga Mineles of Otganization: | \$125.00 \$30.00 (Optional) |
| Certificate | of Status: | \$30.00 (Optional) \$5.00 (Optional) |
| | | us.su (optional) |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Sallee Technology Re | | | | |
|--|---|--|--|--------------------|
| (Mus | et contain the wor | ds "Limited Liab | ility Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Add | | ddress of the | principal office of the Limited Liability | v Company is: |
| Principal Office Ac | | | Mailing Address: | , , , |
| 4520 Higel Ave | | | 15 Paradise Plaza 119 | |
| Sarasota, Fl 34242 | ···· | | Sarasota FI 34239 | |
| | - . | | | |
| business entity with an ac | mpany cannot ser ctive Florida regi | rve as its own Re stration.) | red Office, & Registered Agent's Sign gistered Agent. You must designate an individual or | lature: another |
| business entity with an ac | mpany cannot ser ctive Florida regi | rve as its own Re stration.) address of th | red Office, & Registered Agent's Sign gistered Agent. You must designate an individual or eregistered agent are: | ature: enother |
| business entity with an ac The name and the F | mpany cannot sective Florida regi | rve as its own Restration.) address of th | gistered Agent. You must designate an individual or | ature: another |
| The name and the F | mpany cannot sective Florida regi | rve as its own Restration.) address of th | gistered Agent. You must designate an individual or e registered agent are: | ature: another |
| The name and the F | mpany cannot seletive Florida regi lorida street Brandon Sallee 4520 Higel Ave | rve as its own Restration.) address of th | gistered Agent. You must designate an individual or e registered agent are: | ature: another |
| business entity with an ac | mpany cannot seletive Florida regi lorida street Brandon Sallee 4520 Higel Ave | rve as its own Restration.) address of th | gistered Agent. You must designate an individual or e registered agent are: | ature: another |
| business entity with an ac | mpany cannot selective Florida street Brandon Sallee 4520 Higel Ave Florida stre | rve as its own Restration.) address of th | e registered agent are: the control of the control | ature: another |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

| Title: | Name and Address: |
|--|---|
| "AMBR" = Authorized Member "MGR" = Manager | |
| ENITHE MGR | Brandon Sallee |
| | 15 Paradise Plaza 119 |
| | Sarasota FL 34239 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| LE V: Other provisions, if any. | |
| | |
| | |
| REQUIRED SIGNATURE: | |
| REQUIRED SIGNATURE: | 'M |
| | Man authorized representative of a member |
| Signature of a member or This document is executed in accordance | an authorized representative of a member with section 605,0203 (1) (b), Florida Statutes, I am aware the |
| Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S. Brandon J Sallee | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware the ment to the Department of State constitutes a third degree felorities. |
| Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S. Brandon J Sallee | |

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

ARTICLE IV-