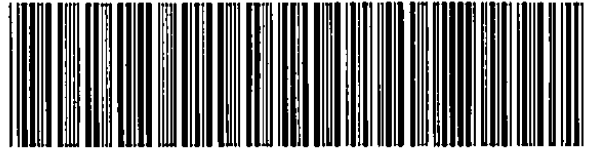


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

06/19/20--01011--004 **150.1

Certified Copies _____ Certificates of Status _____

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JF

Legacy Law Associates, P.L.



Attorneys and Counsellors at Law

COVER LETTER

TO: Registration Section
Division of Corporations
Clifton Building P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301

SUBJECT: **Conversion for SGNN, LLC** (Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

W. DENIS SHELLEY, ESQ.
LEGACY LAW ASSOCIATES, P.L.
313 South Palmetto Ave.
Daytona Beach, Florida 32114
shelley@legacylaw313.com

For further information concerning this matter, please call:
Denis Shelley at **(386) 252-2531**

Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion and \$125 for Articles)

ARTICLES OF CONVERSION
FOR
"SGNN, L.L.C. an Oklahoma Limited Liability Company"
INTO
SGNN, LLC
A 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 Section 605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:

SGNN, L.L.C.

2. SGNN, L.L.C. (the "Other Business Entity") is an **OKLAHOMA LIMITED LIABILITY COMPANY**, first organized, formed or incorporated under the laws of **OKLAHOMA** on 06/03/1997.

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is :

SGNN, LLC

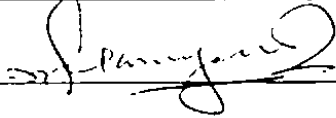
4. The effective date is the date of filing.

5. The plan of conversion has been approved by all Members consistent with the requirements of the Operating Agreement for SGNN, LLC and otherwise in accordance with Sections 607.1112 thru 607.1114 and 605.1041-605.1046, Florida Statutes and Section 18-2054.2, Oklahoma Statutes.


2020 JUN 19 AM 7:14
STATE OF FLORIDA
SECRETARY OF STATE

Signed this 1st day of June, 2020.

Signature of Authorized Representative of FLORIDA Limited Liability Company:

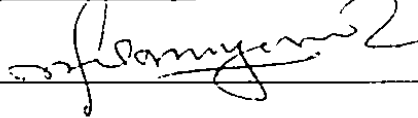
Signature of Authorized Representative: 

Printed Name: S.M. WAINGANKAR Title: MANAGER

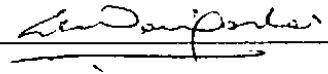
Signature of Authorized Representative: 

Printed Name: GAURI S. WAINGANKAR Title: MANAGER

Signature(s) on behalf of OKLAHOMA Other Business Entity:

Signature of Authorized Representative: 

Printed Name: S.M. WAINGANKAR Title: MANAGER

Signature of Authorized Representative: 

Printed Name: GAURI S. WAINGANKAR Title: MANAGER

- Fees:
Articles of Conversion: \$25.00
Fees for Florida Articles of Organization: \$125.00
Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)

**ARTICLES OF ORGANIZATION FOR
SGNN, LLC**
A Florida Limited Liability Company

ARTICLE I - Name:

The name of the Florida Limited Liability Company is: **SGNN, LLC.**

ARTICLE II - Address:

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

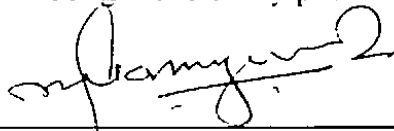
35 Cypresswood Dr. So., Palm Coast, Florida 32137.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Name: **S.M. WAINGANKAR**
Address: **35 Cypresswood Dr. So., Palm Coast, Florida 32137**

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

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

Title: Manager
Name : **S.M. WAINGANKAR**
Address: **35 Cypresswood Dr. So., Palm Coast, Florida 32137**

Title: Manager
Name : GAURI S. WAINGANKAR
Address: 35 Cypresswood Dr. So., Palm Coast, Florida 32137

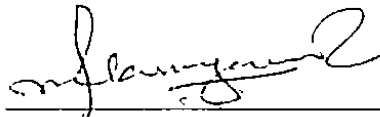
ARTICLE V: Effective date, if other than the date of filing: .

The effective date is the date of the filing of these Articles.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

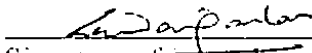
ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Print Name: S.M. WAINGANKAR

Signature of a member or an authorized representative of a member.



Print Name: GAURI S. WAINGANKAR

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

2020 JUN 19 AM 7:44
STATE
SECRETARY OF STATE

FILED