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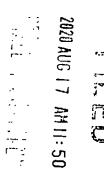
(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦

Office Use Only



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COVER LETTER

TO: `New Filing Sect Division of Corp			•
SUBJECT:	Acine Tech	Nology U(Iting Floridi Limited Com	pany)
			I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corresp	ondence concerning	this matter to:	
Erica	Youngblood		
Acife	(Contact Person) Technology	LLC	
Sol E.	(Firm/Company)] [2 5 th Ave		
New Sm	(Address) Ukna Black	h 32169	
(City <u> PNCA YOU</u> E-mail Address: (to be u		ort notifications)	
For further information	concerning this matt	er, please call:	
En Ca Youn (Name of Contact I	gblood Grson)	at (<u>407</u>) <u> </u>	ime Telephone Number)
Enclosed is a check for dollars and drawn on a	~		ed by this office must be payable in US
(\$25 for Conversion a	J \$155.00 Filing Fees and Certificate of tatus	□\$180.00 Filing Fees and Certified Copy	S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addres	:s:	Street	Address:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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:
A CILE Technology LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC Limited Liability Company (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 12/8/2004 (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: ACILE Jechnology UC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 8/10/2020.
(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 10 day of August	20 20 .
Signature of Authorized Representative of Limit	ted Liabiljty/Company:
Signature of Authorized Representative: Printed Name: Frica washad	7 7/
Signature of Authorized Representative:	92
Printed Name: Frica Yourablad	_ Title: _ Owner/Member
, ,	
Signature(s) on behalf of Other Business Entity:	
Signature: Enca Joursplocd	
Signature: 50 Vivio Chicago	Tiday MA)00 C/man/200
Printed Name: EVICA YDOT WYTORY	_ Title
7	
Signature:Printed Name:	Title:
Timed Name.	
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
o'	
Signature:Printed Name:	TM
Printed Name:	rue:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an Inc	
The process of the control of the co	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
· ·	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00 \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
Communic of Status.	wo .vo (Opiionai)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nair The name of the Lii	ie: mited Liability Company i	s:		
(Mus	A CIRO TRUMOLOGIST Contain the words "Limited Liabi	y UC yty Company, "L.L.C.," or "LLC."		
ARTICLE II - Add The mailing address		principal office of the Lim	ited Liability C	Company is:
SUI E 25 New Syyan	ddress: Th Ave a beach Pt 32/69	Mailing Address: 1817 S Eda 1) (Xando Fi	<u>NUE</u> 37806	
(The Limited Liability Co business entity with an a	mpany cannot serve as its own Regetive Florida registration.) Torida street address of the Elica Youn Nat	ed Office, & Registered Agistered Agent. You must designate e registered agent are: 9/1000 10 1000	Agent's Signation individual or and	FILED
liability compo registered agent o	ned as registered agent and any at the place designated and agree to act in this cape	I to accept service of proces in this certificate, I hereby acity. I further agree to con e performance of my duties	accept the appo uply with the pr	ointment as vovisions of all

Registered Agent)s Signature (REQUIRED)

accept the obligations of my position-as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager " President	Fire Hundah
Tresident	1819 5 Fala Dove
	Oclardo F 32504
(Use attachment if necessary)	
ICLE V: Other provisions, if any	
ICLE V: Other provisions, if any.	
ICLE V: Other provisions, if any.	
ICLE V: Other provisions, if any.	
ICLE V: Other provisions, if any. REQUIRED SIGNATURE:	7 /)
	30
	34
Signature of a member or :	an authorized representative of a member
Signature of a member or: This document is executed in accordance	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 as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes, I am aware the ment to the Department of State constitutes a third degree felor
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 member with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felor
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.	with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felor carried name of signee
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. Typ	with section 605.0203 (1) (b), Florida Statutes. I am aware the nent to the Department of State constitutes a third degree felor

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

ARTICLE IV-