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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:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
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Certified Copies Certificates of Status	(Business Entity Name)
	(Document Number)
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Ecode logical, LLC (Vame of Resulting Florida Lim	uited Company)
The enclosed Articles of Conversion, Articles of Organizat Business Entity" into a "Florida Limited Liability Compan	
Please return all correspondence concerning this matter to:	
Stephan Boeheinger	
Stephan Bueneinger (Contact Person) Ecode logical (Firm/Company)	
	-
37 N. Orange Ave # 542	_
Ollando, FL 32801 (City, State and Zip Code)	_
Billing & Readalacies (COM	
Billing @ ecodelogical. Com E-mail Address: (to be used for future annual report notifications)	_
For further information concerning this matter, please call:	
Melanie Buehringe at (407 (Name of Contact Person) (Area Code	
(Name of Contact Person) (Area Code	e) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks dollars and drawn on a bank located in the United States)	processed by this office must be payable in US
▼\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □\$155.00 Filing Fees and Certificate of and Certified Co	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
·	Tallahassaa El 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 Artic ECODE LOGICAL CORP	les of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a S-CORP (Enter entity type. Example: corporation, limited partnership, general partnership, comm	on law or business trust, etc.
First organized, formed or incorporated under the laws of FloRiDA (Enter state, or if a non-U.S. entity, the	e name of the country)
on 2/9/2019 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Art Ecocle logical, LLC (Enter Name of Florida Limited Liability Company)	icles of Organization:
(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 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 dadocument'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 appraisable which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	isal rights the amount to
	: 22

Signed this <u>OF</u> day of <u>January</u>	_20 <u>_202/</u>
Signature of Authorized Representative of Limit	
Signature of Authorized Representative	
Signature of Authorized Representative: = Printed Name: STE PHAN BERAIN 6:50	Title:
Signature(s) on behalf of Other Bysiness Entity:	
Signature(s) on benan of Other Business Entity.	isee below for required signature(s)
Signature:	Tide He I -
Signature: Matthew Fooff Printed Name: Matthew Fooff	
Printed Name: Matthew Fooff	Title: Menber
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	***.1
Printed Name:	litle:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnershin:
Signature of one General Partner.	ty rainersmp.
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
organica or <u>resp.</u> General Futurers.	
All others:	
Signature of an authorized person.	
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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Ecode lo cy Cal LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
37 N. Orange Ave 37 N. Orange Ave #542 Orlando, 1632801 Orlando, 1632801
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Stephan Boehvinger Name
37 N. Olarge Are # 542 Florida street address (P.O. Box NOT acceptable)
Ollando 51 32801

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 (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member	
"MGR" = Manager MGL	Stephan Bochringer 37 N Orange Fire # 542
	37 N Orange fire # 542
	Orlando, H. 32801
<u> </u>	
Use attachment if necessary)	
•	
(Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: 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 awament to the Department of State constitutes a third degree
REQUIRED SIGNATURE: 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 awa ment to the Department of State constitutes a third degree
REQUIRED SIGNATURE: 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 awa

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

ARTICLE IV-

Company:

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000013718

Entity Name: ECODELOGICAL CORP

Current Principal Place of Business:

37 N ORANGE AVE

542

ORLANDO, FL 32801

Current Mailing Address:

37 N ORANGE AVE 542

ORLANDO, FL 32801 US

FEI Number: 83-3725957

Name and Address of Current Registered Agent:

BOEHRINGER, STEPHAN S 37 N ORANGE AVE 542

ORLANDO, FL 32801 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Mar 06, 2021

Secretary of State

0088041479CC

Officer/Director Detail:

Title

BOEHRINGER, STEPHAN

Address

Name

37 N ORANGE AVE 542

City-State-Zip: ORLANDO FL 32801

Title

Name Address BOEHRINGER, MELANIE

Certificate of Status Desired: No

VΡ

37 N ORANGE AVE 542

City-State-Zip: ORLANDO FL 32801

Unereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHAN BOEHRINGER

PRESIDENT

03/06/2021

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