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(Requ	iestor's Name)	
(Addre	ess)	 ,
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(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Nar	me)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to Fili	ing Officer:	

Office Use Only



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CORPORATE ACCESS, ____

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

		PIC	K UP:	6/24 G	linda		
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		РНОТОСОРУ				2021	
		cus			<u>-</u> -	JUN 2	
X	СХ	FILING	CON	NVERSION		FHI2:	
1.	-	CODE TECHNICA, LLC	MENT #)			 12: 29	
2.	_	(CORPORATE NAME AND DOCU	MENT #)			 	
3.	_	(CORPORATE NAME AND DOCU	MENT #)			 	
4.	_	(CORPORATE NAME AND DOCUME	MENT #)			 	
5.	_	(CORPORATE NAME AND DOCU	MENT #)			 	
6.	_	(CORPORATE NAME AND DOCUM				 	
SPEC INSTI	IAL						

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.

The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a 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)
07/17/2017
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
CODE TECHNICA, LLC
(Enter Name of Florida Limited Liability Company)
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
locument'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.
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221 JUN 24
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Signed this 24 day of JUNE	_20 <u>21</u> .			
Signature of Authorized Representative of Limi				
Signature of Authorized Representative: Michal M. Malek	Title: Member	_		
Signature(s) on behalf of Other Business Entity:	-			
Signature: Me Self				
Printed Name: Michal M. Malek	Title: Member	_ _		
Signature				
Signature:Printed Name:	Title:	_		
Signature				
Signature: Printed Name:	Title:	_ _		
Signatura				
Signature: Printed Name:	Title:	- 		
Signature:Printed Name:	Title:	_		
Signature: Printed Name:	Title:	_		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer.			
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:			
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:		Ć.	
All others: Signature of an authorized person.		ij.	521 JUI 24	
Fees:				<u>:</u>
Articles of Conversion:	\$25.00		PH 12: 30	
Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$125.00 \$30.00 (Optional) \$5.00 (Optional)	WILL STEP	: 30	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is	s:		
Code Technica, LLC			
(Must contain the words "Limited Liabil	lity Company, "L.L.C	.," or "LLC.")	
ARTICLE II - Address:			
The mailing address and street address of the	principal office	of the Limite	ed Liability Company is:
			,
Principal Office Address:	Mailing Ad	<u>dress:</u>	
5016 Lily Way	5016 Lily Way		
Davie, FL 33314	Davie, FL 33314	1	
			
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the	istered Agent. You m	ust designate an	ent's Signature: individual or another
Registered Agents Inc.			
Nam	ne .		
7901 4th St N STE 300	~ - 110 m		
Florida street address (P.C	J. Box <u>NOT</u> acc	eptable)	
St. Petersburg	FL 33702		
City	7	Zip	
Having been named as registered agent and the liability company at the place designated in registered agent and agree to act in this capact statutes relating to the proper and complete accept the obligations of my position as re	n this certificate, city. I further ag performance of	, I hereby acc ree to compl mv duties, an	cept the appointment as by with the provisions of all and I am familiar with and
Bee Home			. ha e i
Registered Agent's Sign (CONTIN		RED)	FILED IJUN 24 PHI2:

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Michal M. Malek

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

Title:	Name and Address:				
"AMBR" = Authorized Member					
"MGR" = Manager	Michal M. Malek				
7 HILL	5016 Lily Way				
	Davie, FL 33314				
	•				
(Use attachment if necessary)	·.				
	•••				
	<u></u>				
LE V: Other provisions, if any.					
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REQUIRED SIGNATURE:					
\sim					
1401	L M				
Signature of a member or	an authorized representative of a member				
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am awa				
	ment to the Department of State constitutes a third degree				

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)