L21000294899

(Řequestor'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:
W21000049732

Office Use Only



700360785937

06/25/21--01007--034 **25.00

69/92/21--61509--028 **195.00

SECRETARY OF STATE

1

COVER LETTER

TO: New Filing S Division of C	Corporations			
SUBJECT:	scale Com	pany Ma	MAGEMENT LLC	
/	(Name of Rea	ulting Florida Limited Con	npany	
		-	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.	r
Please return all corr	espondence concerning	g this matter to:		
JERRY H	(Contact Person)	R huncesses of		
MPSCALE LO	(Firm/Cympany)	MAGENTERIT		
12510 FORES	(Address)	Έ		
Tallahasser	F/p. 3231	7		
JERRY HANN	City, State and Zip Code) 10 175 20 Siper used for future annual re	usi Comport notifications)		
For further informati	on concerning this ma	tter, please call:		
		at ()		
(Name of Conta	ict Person)	(Area Code) (Day	time Telephone Number)	
	or the following amou a bank located in the	•	sed by this office must be payable in US	
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐S155.00 Filing Fees and Certificate of Status	□S180.00 Filing Fees and Certified Copy	☐S185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Add	ress:	Stree	t Address:	
New Filing S			Filing Section	
Division of Corporations P.O. Box 6327			ion of Corporations Centre of Tallahassee	
F.O. DOX 034	. /	THE C	CHUIC OF TAIRARASSEC	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

April 13, 2021

KEEVA MCGHEE 632 CAMPBELL ST TALLAHASSEE, FL 32310 US

SUBJECT: UPSCALE COMPANY MANAGEMENT LLC

Ref. Number: W21000049732

We have received your document for UPSCALE COMPANY MANAGEMENT LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$25.00.

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 821A00007611

Carlos E Rico Regulatory Specialist III

www.sunbiz.org

W W W.3d11012.01

FILED

2021 JUH 25 PM 1:31

SECRETARY OF STATE TALLAHASSEE, FL

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:
Upscole Composite Makagement hh (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>UOSCALE COMPAULY MARIA 95 MENT LAC</u> (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 7/31/2017 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Upscole Company Management LLC. (Enter Name of Worlda 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.

Signed this 25th day of June	20 <u>2.</u>				
Signature of Authorized Representative of Limi					
Signature of Authorized Representative: Length Printed Name: ERRC/ Howwoll Se	Title: LE O DWXXER				
Signature(s) on Behalf of Other Business Entity:	[See below for required signature(s)]				
Signature: Jery Buch Jac. Printed Name: Jery Hannah Je					
Printed Name: Stery Honing Je	Title: <u>CEO JOWNER</u>				
Signature:Printed Name:					
Printed Name:	Title:				
Signature:Printed Name:					
Printed Name:	Intle:				
Signature:Printed Name:	m: 1				
Printed Name:	Ittle:				
Signature:Printed Name:					
Printed Name:	I itle:				
Signature:Printed Name:					
Printed Name:	Title:				
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.					
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.					
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.					
All others: Signature of an authorized person.					
<u>Fees:</u>					
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Up scale Company (Must contain the words "Limited Liability Con	Mayasement LLC mpany, "L.L.C.," or "O.I.C.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12510 FOTTEST RUN DR	12510 FOTTEST RUM DR
Tallahahassee FL 32317	Tallahassee FL 32317
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	Agent. You must designate an individual or another
The name and the Florida street address of the registere	d agent are:
KEEVA N Name	se of agent are: 15 Che
(032 Cample Florida street address (P.C	bell St Right I !
Tallahassee	2 FL 30310
City	Zip

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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager	Jerry Hannah			
	12510 FOTTEST KUN DR	A .		
MGR	KEEVA MCGHEE			
11.00	632 Campbell St			
	Tallahassee FL 323	10		
		.0 62		
		2021 JUN 25 SEORETARY		
			1 "*** 1 "****	
		25 PM 1: 31 ARY OF STAT MIASSEE, FL	Ţ	
		: 31 FATE FL		
(Use attachment if necessary)				
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be days after the date of filing.)	date of filing: (OPTION e specific and cannot be more than five business days p	AL) rior to or 90 cale	ndar	
ARTICLE VI: Other provisions, if any.				
		.		
<u> </u>				
REQUIRED SIGNATURE:	Thank			
(In accordance with section 605.0205 (3), Florida Stat	gnature of a member or an authorized representative tutes, the execution of this document constitutes an affirmation unde			
	any false information submitted in a document to the Department of the felony as provided for in s.817.155, F.S.)	State constitutes a thi	ird	
JERRU	Typed or printed name of signee			

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

ARTICLE IV-

Filing Fees: