

L210000323318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

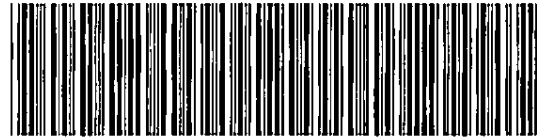
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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L21000032355

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Materialize 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:

Matthew Bajorek

(Contact Person)

Materialize LLC

(Firm/Company)

3520 SW Masilunas Street

(Address)

Port St Lucie, FL 34953

(City, State and Zip Code)

matthew.bajorek@materialize.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Matthew Bajorek

at (732) 947-1416

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☐ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☒ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

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
Tallahassee, FL 32303

New Filing Section
Division of Corporations,

I, Matthew Bajorek, the authorized representative for MATERIALIZE LLC, document number L21000195413, will not revoke the voluntary dissolution.

Thank you,
Matthew Bajorek

Matthew Bajorek 07/12/2021

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.

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

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Domestic 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 New Jersey
(Enter state, or if a non-U.S. entity, the name of the country)

on 12/07/2018
(date of organization, formation or incorporation)

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

(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 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.


21 JUL 12 AM 8:47

Signed this 16 day of June 20 21

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 
Printed Name: Matthew Bajorek Title: Owner

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: 
Printed Name: Matthew Bajorek Title: Owner

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
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.

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:

Materialize 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:

Materialize

3520 SW Masilunas Street

Port St Lucie, FL 34953

Mailing Address:

Materialize

3520 SW Masilunas Street

Port St Lucie, FL 34953

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:

Matthew Bajorek

Name

3520 SW Masilunas Street

Florida street address (P.O. Box **NOT** acceptable)

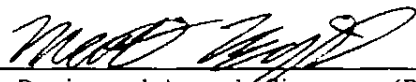
Port St Lucie

FL 34953

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Matthew Bajorek

3520 SW Masilunas Street

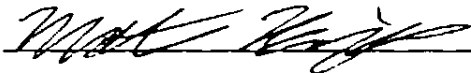
Port St Lucie, FL 34953

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

To bring application ideas to materialize through software development and deployment.

REQUIRED SIGNATURE:



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 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.

Matthew Bajorek

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)

NEW JERSEY DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES

CERTIFICATE OF FORMATION

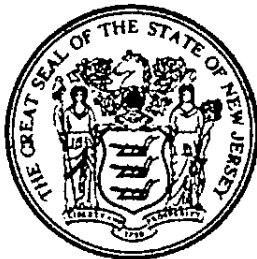
MATERIALIZE LLC
0450329506

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 12/07/2018 and was assigned identification number 0450329506. Following are the articles that constitute its original certificate.

1. **Name:**
MATERIALIZE LLC
2. **Registered Agent:**
MATTHEW BAJOREK
3. **Registered Office:**
70 GREENE ST
JERSEY CITY, NEW JERSEY 07302
4. **Business Purpose:**
TO BRING APPLICATION IDEAS TO MATERIALIZE THROUGH SOFTWARE DEVELOPMENT AND DEPLOYMENT.
5. **Effective Date of this Filing is:**
12/07/2018
6. **Members/Managers:**
MATTHEW BAJOREK
70 GREENE ST
APT 3511
JERSEY CITY, NEW JERSEY 07302
7. **Main Business Address:**
70 GREENE ST
APT 3511
JERSEY CITY, NEW JERSEY 07302

Signatures:

MATTHEW BAJOREK
AUTHORIZED REPRESENTATIVE



Certificate Number : 4067063792

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/ISP/Verify_Cert.jsp

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
7th day of December, 2018

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

04/24/19

Taxpayer Identification# 832-746-588/000

Dear Business Representative:

Congratulations! You are now registered with the New Jersey Division of Revenue.

Use the Taxpayer Identification Number listed above on all correspondence with the Divisions of Revenue and Taxation, as well as with the Department of Labor (if the business is subject to unemployment withholdings). Your tax returns and payments will be filed under this number, and you will be able to access information about your account by referencing it.

Additionally, please note that State law requires all contractors and subcontractors with Public agencies to provide proof of their registration with the Division of Revenue. The law also amended Section 92 of the Casino Control Act, which deals with the casino service industry.

We have attached a Proof of Registration Certificate for your use. To comply with the law, if you are currently under contract or entering into a contract with a State agency, you must provide a copy of the certificate to the contracting agency.



If you have any questions or require more information, feel free to call our Registration Hotline at (609) 292-9292.

I wish you continued success in your business endeavors.

Sincerely,



James J. Fruscione
Director
New Jersey Division of Revenue

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE		DEPARTMENT OF TREASURY DIVISION OF REVENUE PO BOX 355 TRENTON, NJ 08646-0352
TAXPAYER NAME: MATERIALIZE LLC	TRADE NAME:	
ADDRESS: 70 GREENE ST APT. 3511 JERSEY CITY, NJ 07310	SEQUENCE NUMBER: 2310208	
EFFECTIVE DATE: 01/25/19	ISSUANCE DATE: 04/24/19	
FORM RRC 10-01-17		 Director New Jersey Division of Revenue