# 121000530529

(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:
<u>.</u>

Office Use Only

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#### **COVER LETTER**

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TO:	New Filing S Division of C				
ems	JECT: Void Ro	•			
SUB	жет:	(Name of Re	sulting Florida Limit	ed Cor	npany)
			_		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
Natha	an George				
		(Contact Person)			
Void	Robotics L.L.C.	_			
		(Firm/Company)			
11720	0 5th Ave. Ocear	1			
		(Address)			
Mara	thon, Florida, 330	<b>150</b>			
Widia		City, State and Zip Code)			
natha	ın.g@voidrobotic	e com			
		oe used for future annual re	port notifications)		
For fi	urther informati	ion concerning this ma	tter, please call:		
Natha	an George		at ( 239	) 322-	2997
-	(Name of Conta	act Person)		· <del></del>	rtime Telephone Number)
		for the following amou a bank located in the		roces	sed by this office must be payable in US
(\$25 fc & \$12:	50.00 Filing Fees or Conversion 5 for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add	ress:		Stree	t Address:
	New Filing S	ection		New I	Filing Section
	<ul> <li>Division of C</li> </ul>	Corporations		Divis	ion of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

## 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: Void Robotics L.L.C.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Massachusetts (Enter state, or if a non-U.S. entity, the name of the country)
on 6/9/2017 (date of organization, formation or incorporation)
6. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Void Robotics L.L.C.
(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.
5. 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 12th day of July	20 21 .		
Signature of Authorized Representative of Limi	ted Liability Co.	mpany:	
Signature of Authorized Representative: Nathon George	Lar George Title:	<u>CEO</u>	
Signature(s) on behalf of Other Business Entity:			
Signature: Nathan George Printed Name: Nathan George			
Printed Name: Nathan George	Title:	CEO.	
Signature:Printed Name:			
Printed Name:	Title:		
Signature:Printed Name:			
Printed Name:	litle:		
Signature:Printed Name:	721.1		
rrinted Name:	1111e:		
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	corporator must si	gn.	
If Florida General Partnership or Limited Liabili	<u>ty Partnership:</u>		
Signature of one General Partner.			
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partno	ership:	
All others: Signature of an authorized person.			الايا
Fees:			12
rees.			
Articles of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00		ā,
Certified Copy:	\$30.00 (Option:		
Certificate of Status:	\$5.00 (Optional	)	9
			50 9: 02 1-14

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

4.

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
W. 18 1		
Void Robotics L.L.C.  (Must contain the words "Limited Lial	pility 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:	
11720 5th Ave. Ocean, Marathon, FL 33050	11720 5th Ave. Ocean, Mara	thon, FL 33
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)		
The name and the Florida street address of the	e registered agent are:	
Nathan George		
Na	me	
11720 5th Ave. Ocean		
Florida street address (F	O. Box NOT acceptable)	
Marathon	FL 33050	
City	Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	I in this certificate, I hereby accepacity. I further agree to comply te performance of my duties, and registered agent as provided for	pt the appointment as with the provisions of all I am familiar with and
Natha	n Lorge ignature (REQUIRED)	
Registered Agent's S	ignature (REQUIRED)	175 33 73
(CONT	INUED)	ुं 📆
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ARTICLE IV-

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

MGR" = Manager MGR  Nathan George  11720 5th Ave. Ocean, Marathon, FL 33050  Use attachment if necessary)  E. V: Other provisions, if any.	<u>Fitle:</u>	Name and Address:	
Use attachment if necessary)  E. V.: Other provisions, if any.  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.  Nathan George  Typed or printed name of signee  Filing Fees  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Age	'AMBR" = Authorized Member 'MGR" = Manager		
Use attachment if necessary)  E. V.: Other provisions, if any.  Signature of a member or an authorized representative of a member  This document is executed in accordance with section 605.0.203 (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.  Nathan George  Typed or printed name of signee  Filing Fees  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Age	MGR	Nathan George	
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