12/00/5/22/2

(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

T. SCOTT

DEC 0 6 2021



400377068074

11/30/21--01023--001 **155.00



COVER LETTER

TO:	New Filing Section Division of Corpor				
SUB.	JECT: Olight Techno	logy LLC			
501		(Name of Res	ulting Florida Limi	ted Com	pany)
			_		d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Pleas	e return all correspon	dence concerning	g this matter to:		
Gilbe	rt Leistner				
	(Co	ntact Person)		-	
c/o Tł	he Leistner Group LLC				
	(Fir	m/Company)		-	
5430	Worthington Loop				
		(Address)		-	
Palm	Harbor, FL 34685				
	(City, Si	ate and Zip Code)		-	
gleist	ner@hotmail.com				
E-	mail Address: (to be used	for future annual rej	port notifications)	-	
For fi	urther information co	ncerning this mat	ter, please call:		
Gilber	rt Leistner		at (727	275-	2411
	(Name of Contact Pers	on)	_ `) (Day	time Telephone Number)
	osed is a check for the rs and drawn on a bar			orocess	ed by this office must be payable in US
(\$25 fo & \$12	· ·	55.00 Filing Fees Certificate of s	S180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Address:				Address:
	New Filing SectionDivision of Corpor				iling Section on of Corporations
	P.O. Box 6327				entre of Tallahassee
	Tallahassee, FL 32	314		24151	N. Monroe Street, Suite 810

Tallahassee, FL 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.

IOli	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: ight Technology LLC
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Firs	st organized, formed or incorporated under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
m	09-21-2015
•	(date of organization, formation or incorporation)
3. '	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
IOIi	ight Technology LLC
	(Enter Name of Florida Limited Liability Company)
	If not effective on the date of filing, enter the effective date:
the <u>Not</u>	ne effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after date this document is filed by the Florida Department of State.) e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.
	The plan of conversion has been approved in accordance with all applicable statutes. 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.



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "IOLIGHT TECHNOLOGY LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-THIRD DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IOLIGHT TECHNOLOGY LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF SEPTEMBER,

A.D. 2015.



Authentication: 204769502

Date: 11-23-21

Signed thi	s 20th	day of November		_ 20 <u>_ z</u>
			_	ed Liability Company:
Signature	of Authorize	ed Representative:	-वर्ष	A
Printed Na	me: Gilbert L	eistner		Title: Manager
Signature	s on bohali	ρf Other Business E	intity: [S	See below for required signature(s)
((Jake			
Digitatal C.				Title: Member
rimed iva	me, oncert E	51511161		Title: wember
Signature:				
Printed Na	me:			_ Title:
Signature:				Title:
Printed Na	me:			Title:
Signature:				
				Title:
			•	
Signature:				
Printed Na	me:			Title:
Ci				
Signature: Printed Na	me:		.,,	_ Title:
Timed iva		·		Truc.
If Florida	Corporation	<u>1:</u>		
		Vice Chairman, Direc		
If Director	s or Officers	have not been selected	d, an Inco	orporator must sign.
1655	C ID			B
	General Par of one Gener	rtnership or Limited	Liability	y Partnership:
Signature	one dener	arrather.		
If Florida	Limited Par	tnership or Limited	Liability	Limited Partnership:
		eral Partners.		
All others:		1		
Signature of	of an authori:	ged person.		
Fees:				
Art	ticles of Cor	iversion:		\$25.00
		a Articles of Organiza	ation:	\$125.00
	rtified Copy	-		\$30.00 (Optional)
	rtificate of S			\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

lOlight Technology L	1.C	
		.iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Ad	ldroce.	
		he principal office of the Limited Liability Company
Principal Office A	<u>address:</u>	Mailing Address:
5430 Worthington Lo	oop	5430 Worthington Loop
Palm Harbor, FL 346		Palm Harbor FL 34685
The Limited Liability Cobusiness entity with an a	ompany cannot serve as its own active Florida registration.)	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
The Limited Liability Cobusiness entity with an a	ompany cannot serve as its own active Florida registration.)	Registered Agent. You must designate an individual or another
The Limited Liability Cobusiness entity with an a	ompany cannot serve as its own active Florida registration.) Florida street address of Hedi Leistner, MD	Registered Agent. You must designate an individual or another
The Limited Liability Co- business entity with an a	ompany cannot serve as its own active Florida registration.) Florida street address of Hedi Leistner, MD	Registered Agent. You must designate an individual or another the registered agent are:
The Limited Liability Co- business entity with an a	ompany cannot serve as its own active Florida registration.) Florida street address of Hedi Leistner, MD 5430 Worthington Loop	Registered Agent. You must designate an individual or another the registered agent are:
The Limited Liability Co- business entity with an a	ompany cannot serve as its own active Florida registration.) Florida street address of Hedi Leistner, MD 5430 Worthington Loop	Registered Agent. You must designate an individual or another the registered agent are: Name (P.O. Box <u>NOT</u> acceptable)
(The Limited Liability Co- business entity with an a	ompany cannot serve as its own active Florida registration.) Florida street address of Hedi Leistner, MD 5430 Worthington Loop Florida street address	Registered Agent. You must designate an individual or another the registered agent are: Name

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

"A MDD!" - A color of March 5	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Gilbert Leistner
	Rue du College 16
	1062 Sottens SWITZERLAND
(Use attachment if necessary)	
• *	
• *	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes, I am aware the
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document in a docum	e with section 605.0203 (1) (b), Florida Statutes, I am aware the
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am aware tha
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document in a docum	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am aware that the Department of State constitutes a third degree felority.
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document is provided for in s.817.155, F.S. Gilbert Leistner	e with section 605.0203 (1) (b), Florida Statutes. I am aware tha

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