

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
-
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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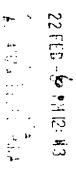
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January 31, 2022

RYAN J. MITTAUER, ESQ. THE LILES FIRM, P.A. 50 NORTH LAURA STREET, SUITE 1200 JACKSONVILLE, FL 32202

SUBJECT: CLICK PROFITS, LLC Ref. Number: W21000157978

We have received your document for CLICK PROFITS, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Deleware IIc can only convert to Florida.

Please return the corrected original and one copy of 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: 122A00002417

Tyrone Scott Regulatory Specialist II New Filings Section

www.sunbiz.org

## COVER LETTER

TO:	New Filing Se Division of Co					
ena.	JECT: Click Pro	fit, LLC				
3000	/EC1	(Name of Res	ulting Florida Li	mited Con	пралу)	
Busin	ess Entity" into	of Conversion, Article a "Florida Limited Li	ability Compa	my" in a	nd fees are submitted to convert an "Cocordance with s. 605.1045, F.S.	)ther
	J. Mittauer	(Contact Person)		<del></del>		
The I	iles Firm, P.A.	(Contact Ferson)				
		(Firm/Company)				
50 No	orth Laura Street,	Suite 1200				
		(Address)		_		
Jacks	sonville, Florida 32	2202				
	_	City, State and Zip Code)		<del></del>		
rmitta	uer@thelilesfirm.					
E-	mail Address: (to b	e used for future annual re	port notifications	<u> </u>		
For fi	urther information	on concerning this ma	tter, please cal	ll:		
	J. Mittauer	_			1100	
	(Name of Conta	ct Person)	(Area Co	de) (Day	1100 ytime Telephone Number)	
Enclo dolla	osed is a check f rs and drawn on	or the following amou a bank located in the	nt: (All check United States)	s process	sed by this office must be payable in	US
(\$25 f & \$12	50.00 Filing Fees for Conversion 25 for Articles ganization)	☐\$155.00 Filing Fees and Certificate of Status	S180.00 Fill and Certified		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New Divis The C 2415	Filing Section Sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 Shassee, FL 32303	

# 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.

. , , , ,	tutos.
	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
	(Enter Name of Other Business Entity)
)	The "Other Business Entity" is a Limited Liability Company
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
Fir	st organized, formed or incorporated under the laws of
оп	04/29/2021
(///	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
ÇI	ck Profit, LLC
_	(Enter Name of Florida Limited Liability Company)
th No	the 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.)  te: 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.
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.
	(2)

Signed this January day of 7	20
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative:  Printed Name: Ryan J. Mittauer, Esq.	Title: Authorized Representative
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Printed Name: Ryan J. Mittauer, Esq.	Title: Authorized Representative
Signature:Printed Name:	Title:
Signature:Printed Name:	_ Title:
Signature:Printed Name:	
Signature:Printed Name:	
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, 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 Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
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

Click Profit, LLC			
(Must contain the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
394 Lowell Street, Suite 18	394 Lowell Street, Suite 18	<b>15</b> -	22 F
Lexington, Massachusetts 02420	Lexington, Massachuseus 02420	<b>≯</b> -	[7] 109
			3)
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as a business entity with an active Florida registration	istered Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or another a.)	to year	<b>予</b> に で も び
(The Limited Liability Company cannot serve as i	its own Registered Agent. You must designate an individual or another  b.)	No. No.	
(The Limited Liability Company cannot serve as a business entity with an active Florida registration	its own Registered Agent. You must designate an individual or another a.)  of the registered agent are:	No. Be	
(The Limited Liability Company cannot serve as a business entity with an active Florida registration).  The name and the Florida street address of the cannot be served as a company cannot serve as a business of the cannot be served as a company cannot serve as a business of the cannot be served as a company cannot serve as a business of the cannot be served as a company cannot serve as a business of the cannot be served as a company cannot serve as a business of the cannot be served as a company cannot serve as a business of the cannot be served as a company cannot serve as a business of the cannot be served as a company cannot serve as a business of the cannot be served as a company cannot serve as a business of the cannot be served as a company	its own Registered Agent. You must designate an individual or another a.)  of the registered agent are:	Sec.	
(The Limited Liability Company cannot serve as a business entity with an active Florida registration)  The name and the Florida street address.  The Liles Fir	its own Registered Agent. You must designate an individual or another a.)  of the registered agent are:  m, P.A	- Se	
(The Limited Liability Company cannot serve as is business entity with an active Florida registration.)  The name and the Florida street address of the Liles Fire address of the Liles Fire and the Florida street address of the Liles Fire and the Florida street address of the Liles Fire address of the Liles Fire and the Liles Fire address of the Liles Fire address o	its own Registered Agent. You must designate an individual or another (h.)  of the registered agent are:  m, P.A  Name	en e	
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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>	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager MGR	Craig Emslie	
	1800 North Bayshore Drive, Apt. 3803	
	Miami, Florida 33132	
MGR		
	Patrick Mcgeoghan	
	394 Lowell Street, Suite 18	
MGR	Lexington, Massachusetts 02420	
	William Holton	
	411 Abbe Road	
	Elyria, Ohio 44035	
(Use attachment if necessary)		
	e date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to	or 90 c
ICLE VI: Other provisions, if any.		
	7	
	//	

ARTICLE IV-

(In accordance with section 605.0205 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree fellony as provided for in s.817.155, F.S.)

# Ryan J. Mittauer, Authorized Representative

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)