# L23000285690

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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05/24/23--01008--027 \*\*155.0

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#### COVER LETTER 🔧

#### **TO:** New Filing Section Division of Corporations

### SUBJECT: TOP DRAW TECHNOLOGIES, 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:

MELISSA HARRIS		
(Contact Person)		
TOP DRAW TECHNOLOGIES, LLC		
(Firm/Company)		
1925 BUFFUM LAKE TRAIL		
(Address)		
FORT MEADE, FL 33841		
(City. State and Zip Code)		
MELISSA@TOPDRAWTECH.COM		
E-mail Address: (to be used for future annual rep	ort notifications)	
For further information concerning this matt	ter, please call:	
MELISSA HARRIS	_at (	) <mark>485-9883</mark>
(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)

S150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

S155.00 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

#### Articles of Conversion For <u>"Other Business Entity"</u> 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: TOP DRAW TECHNOLOGIES, 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	.)			
First organized, formed or incorporated under the laws of				
(Enter state, or if a non-U.S. entity, the name of the country)				
01/12/2015 on				
(date of organization. formation or incorporation)				
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:				
TOP DRAW TECHNOLOGIES, LLC				
(Enter Name of Florida Limited Liability Company)	ł			
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				

<u>Note:</u> 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.

1		
Signed this <u>1</u> day of <u>MAY</u>	20.23	
Signature of Authorized Representativ	ve of Limited Liability Company:	
Signature of Authorized Representative: Printed Name: MELISSA HARRIS	Title: PRESIDENT	
Signature(s) on behalf of Other Busines	<u>SEntity:</u>  See below for required signature	(s)
	Title: PRESIDENT	
Printed Name		
Signature:	Title:	
Printed Name:	Intle:	
Signature:	Title:	
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
If Florida Corporation:		TILEE
Signature of Chairman, Vice Chairman, D If Directors or Officers have not been sele		
in Directors of Officers have not occur sete	ered, un meorporator must sign.	
If Florida General Partnership or Limit Signature of one General Partner.	ted Liability Partnership:	
If Florida Limited Partnership or Limit Signatures of <u>ALL</u> General Partners.	ted Liability Limited Partnership:	L: III STATE E, FL
<u>All others:</u> Signature of an authorized person.		
Fees:		
Articles of Conversion: Fees for Florida Articles of Orga Certified Copy: Certificate of Status:	\$25.00 nization: \$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:

#### TOP DRAW TECHNOLOGIES, 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:	Mailing Address:
1925 BUFFUM LAKE TRAIL	1925 BUFFUM LAKE TRAIL
FORT MEADE, FL 33841	FORT MEADE, FL 33841

#### 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:

MELISSA HARRIS		2023
Na	ime	<b>H T</b>
1925 BUFFUM LAKE TRA	IL	24
Florida street address (F	P.O. Box <b><u>NOT</u></b> acceptable)	Assister PH
FORT MEADE	FL 33841	
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:

MELISSA HARRIS
1925 BUFFUM LAKE TRAIL
FORT MEADE, FL 33841
AINSWORTH HARRIS
1925 BUFFUM LAKE TRAIL
FORT MEADE, FL 33841
- 2022 HAY 24 PH
<u> </u>
an authorized representative of a member
with section 605.0203 (1) (b). Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felony
A Harris
SAH_FIGURATIS
SSA Har(13 bed or printed name of signee Filing Fees
v

## STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT TOP DRAW TECHNOLOGIES. LLC (W16285082), REGISTERED JANUARY 12, 2015, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY 04, 2023.

Michael L. Higgs Director



301 West Preston Street. Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

> Online Certificate Authentication Code: 3Lu\_ma5H2EaWZKncMkl7rA To verify the Authentication Code, visit http://dat.maryland.gov/verify