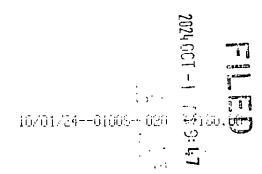
L24000415573

(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.





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		WALK IN	
	PICK UP:	JENA 10/1	7024
XX	CERTIFIED COPY		7024 CCT -
	РНОТОСОРУ		
	CUS		in in
XX	FILING	CONVERSION	
	SILVER LINE TECH LLC CORPORATE NAME AND DOCUME	NT #)	
	CORPORATE NAME AND DOCUME	N'1' #)	
(CORPORATE NAME AND DOCUME.	NT #)	
-(CORPORATE NAME AND DOCUME	NT #)	<u></u>
- (CORPORATE NAME AND DOCUME	NT #)	
	CORPORATE NAME AND DOCUME	NT #)	
PECIAL	INSTRUCTIONS:		

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to con "Other Business Entity" into a Florida Limited Liability Company in accordance with State of Conversion and Articles of Organization are submitted to con "Other Business Entity" into a Florida Limited Liability Company in accordance with the Conversion and Articles of Organization are submitted to con "Other Business Entity" into a Florida Limited Liability Company in accordance with the Conversion and Articles of Organization are submitted to con "Other Business Entity" into a Florida Limited Liability Company in accordance with the Conversion and Conversion			la
Statutes.		207	
The name of the "Other Business Entity" immediately prior to the filing of the Article Silver Line Tech LLC	s of Conve	ersion is:	
(Enter Name of Other Business Entity)	:	ı	4 m
2. The "Other Business Entity" is a limited liability company	<u> </u>		
(Enter entity type. Example: corporation, limited partnership, general partnership, common	law or busin	iess trust, et	C!
First organized, formed or incorporated under the laws of		<u></u>	-
(Enter state, or if a non-U.S. entity, the r	ame of the c	ountry)	
10/07/2015 on			
(date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	les of Org	anization	1:
Silver Line Tech 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.

Signed this 15t day of OCTOBER	_20 <u>_2.4</u>		
Signature of Authorized Representative of Limit	ted Liability Company:		
Signature of Authorized Representative: Signature of Authorized Representative: Printed Name: Kimberly Wagner	Title: Member		
Signature(s) on behalf of Other Business Entity:			
Signature: Printed Name: Kimberly Wagner			
Printed Name: Kimberly Wagner	Title: Member		
Signature:Printed Name:	_ Title:	202	
Signature:Printed Name:	Title:	2024 CCT - 1	
Signature:Printed Name:		(a) (a)	1 11
Signature:Printed Name:		رن)	, tra
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 Liabilit Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.			
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

The name of the	Limited Liability Company	' is:	
Silver Line Tech l			
(Must contain the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II -	Address:		
		e principal office of the Limited	Liability Company is:
Principal Office	e Address:	Mailing Address:	
39 DOUGLAS ST	· ·	39 DOUGLAS ST.	
HOMOSASSA, F	L 34446	HOMOSASSA, FL 34446	
			
(The Limited Liability		ered Office, & Registered Ager egistered Agent. You must designate an in	idividual or another
(The Limited Liability business entity with	Company cannot serve as its own R	egistered Agent. You must designate an in	idividual or another
(The Limited Liability business entity with	y Company cannot serve as its own R an active Florida registration.)	egistered Agent. You must designate an in	idividual or another
(The Limited Liability business entity with	y Company cannot serve as its own R an active Florida registration.) The Florida street address of the Registered Agents Inc	egistered Agent. You must designate an in	idividual or another
(The Limited Liability business entity with	y Company cannot serve as its own R an active Florida registration.) The Florida street address of the Registered Agents Inc	egistered Agent. You must designate an in he registered agent are:	idividual or another
(The Limited Liability business entity with	y Company cannot serve as its own R an active Florida registration.) Registered Agents Inc 7901 4th St. N., Suite 300	egistered Agent. You must designate an in he registered agent are:	idividual or another
(The Limited Liability business entity with	y Company cannot serve as its own R an active Florida registration.) Registered Agents Inc 7901 4th St. N., Suite 300	egistered Agent. You must designate an in he registered agent are:	idividual or another

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:

"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Kimberly Wagner
AMOR	39 Douglas St
	Homosassa, FL 34446
AMBR	Funnel Technologies LLC
	39 Douglas St
	Homosassa, FL 34446
	73 ² -
	1. 5
•	
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware
This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware ament to the Department of State constitutes a third degree for
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Kimberly Wagner, Member	e with section 605.0203 (1) (b), Florida Statutes. I am aware iment to the Department of State constitutes a third degree f
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. Kimberly Wagner, Member	e with section 605,0203 (1) (b), Florida Statutes, I am aware