# P15000060791

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
WIS-	46606	7



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Office Use Only

AUTHORIZATION BY PHONE TO 18

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T. 3000 NW 21 7075

#### **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32301

Division of Corporations

SUBJECT: HOSPITALITY TO Name of Florida F	Schology Solutions, LLC Profit Corporation
The enclosed Certificate of Conversion and for Profit Corporation into an "Other Business Ex	
Please return all correspondence concerning t	his matter to:
Michael Ego	<u>m</u>
Hospitality Techr	solutions, LLC
600 S. OCEAN SUITE 604	BIVD.
The state of the s	33432
Paradisoco @ a E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter will am Paradiso  Name of Contact Person	er, please call: at (51(a) 897-08-31  Area Code and Daytime Telephone Number
Enclosed is a check for the following amount	:/
\$35.00 Filing Fee \$43.75 Filing Fee and Certificate of Status	\$43.75 Filing Fee and Certified Copy  Certified Copy, and Certificate of Status
STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 10, 2015

MICHAEL EGAN 600 S. OCEAN BLVD, SUITE 604 BOCA RATON, FL 33432

SUBJECT: HOSPITALITY TECHNOLOGY SOLUTIONS, LLC

Ref. Number: W15000046606

We have received your document for HOSPITALITY TECHNOLOGY SOLUTIONS, LLC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name you are requesting is unavailable, since it has been previously requested by another individual and the document was returned to the individual for corrections and has not yet been resubmitted.

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 715A00014492

## Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion	on is:	
HOSPITALITY TECHNOLOGY SOLUTIONS, Enter Name of Other Business Entity	LLC	
Enter Name of Other Business Entity		
2. The "Other Business Entity" is a	15 JUL 22 SECRETAIN	Cancal # FARCE
first organized, formed or incorporated under the laws of <u>Delawave</u> (Enter state, or if a non-U.S. entity, the name of the country)	71-4	دىز
on	PH 4: 21 OF STATE OF STATE	, econ
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of whorganized, formed or incorporated:	hich it is n	IOW
NIA		
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> HOSPITALITY TECHNOLOGY SOLUTION.  Enter Name of Florida Profit Corporation	5, 10	r
5. If not effective on the date of filing, enter the effective date: 5-21-2015.  (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed Department of State; AND 2) must be the same as the effective date listed in the attached Articles of if an effective date is listed therein.)		

•		•
Signed this 26 May of YUNE	, 20 <u>/5</u> .	
Required Signature for Florida Profit Corpo	ration:	
Signature of Charman, Vice Chairman, Directo. Incorporator:   Printed Name:   Or CHARL EGAN Title:	r, Officer, or, if Directors or Officers have not been PRESIDEN +	selected, an
Required ( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	siness Entity: [See below for required signature(s).	.]
Signature: Will sub Place	Title: President	
Printed Name: Michael Egan	Title: President	
		مسر بن <del>انگر</del>
Printed Name:	Title:	5 JUL 22 PH II: 21 SECRETARY OF STAIR DEAHASSEE, FLORIDA
Signature:		L 22 LARY LASSE
Printed Name:	Title:	
Signature:		# 2 FORT
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida General Partnership or Limited Li Signature of one General Partner.	ability Partnership:	
If Florida Limited Partnership or Limited Lis Signatures of <u>ALL</u> General Partners.	ability Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Represent	rative.	
All others: Signature of an authorized person.		

Page 2 of 2

\$35.00

\$70.00 \$8.75 (Optional) \$8.75 (Optional)

Fees:

Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:

### ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: +0501 to	lify Telhnology Solution	γS
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:	J	
Principal street address 600 5, OCEAN BLVD	Mailing address, if different is:	
SUITE 604		
BOCA RATON, FI 33432		
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	- 1 1 · · · · · · · · · · · · · · · · ·	
Provide technology	solutions to	
the hospitality	industry.	ent:
	22 ASSE	Allenau Alarene
		1
	ORES 1	N. S. S.
	**	
The number of shares of stock is:		
ARTICLE V INITIAL OFFICERS AND/OR DIRE	CCTORS	
Name and Title: MICHAEL EGAN (P. 5017E 604	Name and Title:	
Address: 600 3. Ocean BLVD	Address:	
BOCA RATON, F1 33432	<del></del>	
Name and Title:	Name and Title:	
Address:	Address:	
Name and Title:	Name and Title:	
Address:	Address:	

ARTICLE VI REGISTERED AGENT			
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:			
Name: Michael Egan			
Address: 600 S. Ocean Blvd, Suite 604			
Boca Ration, F/ 3343a	15		
ARTICLE VII INCORPORATOR	調言	T	
The <u>name and address</u> of the Incorporator is:		The second secon	
Name: Michael Egan			
Address: 600 S. Ocean Blvd, Suite 604			
Boch Raton, Fl 33432	<b>新一</b> 2		
*************			
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity			
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
Required Signature/Registered Agent Date			
I submit this document and affirm that the facts stated herein are true. I am aware that any false informati document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	ion submitte	ed in a	
William. Carlot			
Required Signature/Incorporator Date			

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