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

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SEP 1: 2010

T SCHROEDER



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088

Date: 9/10/2	2018		CCCantin . 1200000000000
Name: Merritt	Walker	-	
Reference #:	B106864		
Entity Name:	POWER	MAX360 LLC	
		ization to Transact Business	
Amendment			
☐ Change of Agent			
Reinstatement			
✓ Conversion			
Merger			
☐ Dissolution/Witho	Irawal		
Fictitous Name			
✓ Other	CERT	FIED COPY OF FILING EVIDI	ENCE
		CICATE OF STATUS UPON	FILING
Authorized Amount: Signature:	\$185 WW		

GCORPORATE HQ COGENCY GLOBAL INC. IDE 40 ST, IO FL NY, NY 10016

800.221.0102 -1.212.947.7200 **@EUROPEAN HQ**

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♠ ASIA PACIFIC HQ

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COVER LETTER

то:	New Filing Son Division of C				
CHIDI	ECT: PowerMa	x360 LLC			
SODA	F/C I :	(Name of Res	ulting Florida Limite	d Con	npany)
The el Busin	nclosed Articles ess Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organization ability Company	on, an 'in ac	d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Pleaso	return all corr	espondence concernin	g this matter to:		
Mariss	a Huffman				
		(Contact Person)			
Taft St	cttinius & Holliste	er LLP	<u> </u>		
		(Firm/Company)			
425 W	alnut Street, Suite	1800			
		(Address)			
Cincin	nati, OH 45202				
	(0	City, State and Zip Code)			
mhuffa	man@taftlaw.com				
E-o	nail Address: (to b	e used for future annual re	port notifications)		
For fu	rther information	on concerning this ma	tter, please call:		
Mariss	a Huffman		at (513 ·	357-9	time Telephone Number)
	(Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)
Enclo dollar	sed is a check f s and drawn on	or the following amou a bank located in the	int: (All checks pi United States)	ocess	ed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles unization)	\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing I and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
New I Divisi Clifto 2661	ET ADDRESS Filing Section on of Corporation Building Executive Centures lassee, FL 323	ions er Circle	New Fil Division P. O. Bo	ing S of C ox 632	orporations

Articles of Conversion

For

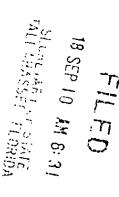
"Other Business Entity"

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: PowerMax360 LLC (2-22)
(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)
December 17, 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:
PowerMax360 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 4th day of September	20_18
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: Allison Stevens	Title: CEO of Sole Member
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	
Printed Name: Allison Stevens	Title: CEO of Sole Member
Signature:	
Printed Name:	Title:
Signature:	771-4
Printed Name:	11110:
Signature:	
Printed Name:	
Signature:Printed Name:	(m)
Printed Name:	I (tie:
Signature:	av. t
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of ALL 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)

THE SEP 10 AM 8:31

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FU	JK FLORIDA LIMITED LIA	ABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Compa	any is:	
PowerMax360 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 Limi	ited Liability Company is:
Principal Office Address:	Mailing Address:	
8805 Governors Hill Drive, Suite 250	8805 Governors Hill Drive	e, Suite 250
Cincinnati, OH 45249	Cincinnati, OH 45249	
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of		<u> </u>
Andy Starling		
Timey Calling	Name	
711 Ballard Road		·
	s (P.O. Box NOT acceptable)	
Altamonte Springs	FL 32701	
City	Zip	
Having been named as registered agent liability company at the place designed registered agent and agree to act in this statutes relating to the proper and compacted the obligations of my position	ated in this certificate, I hereby of capacity. I further agree to com uplete performance of my duties,	accept the appointment as aply with the provisions of a and I am familiar with and
	's Signature (REQUIRED) NTINUED)	18 SEP 10
		M 8: 3

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Λ	K I	тсл	.1	IV.

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

<u>Title:</u>	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager AMBR	PNG Telecommunications, Inc.			
	8805 Governors Hill Drive, Suite 250			
	Cincinnati, OH 45249			
				
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77		エク シミ	438	-1]
(Use attachment if necessary)		ا بنیار آندرز	0	
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ARTICLE V: Other provisions, if any.		:	ZK Zes	
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A		````		

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Allison Stevens, CEO of Sole Member

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)