## \*L14000009006

(Reque	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	tate/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nar	me)
(Docur	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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2014 JAN 13 PM 4: 19
SECRETARY OF STATE

K. SALY EXAMINER JAN 1 6 2014

## **COVER LETTER**

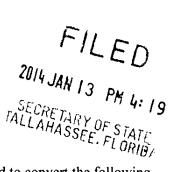
Tallahassee, FL 32314

TO: Registration Section Division of Corporations
SUBJECT: JODEP Compunications UC (Name of Resulting Florida Limited Company)
The enclosed Certificate 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:
Joseffe Oder Moynihan  (Contact Person)  TODER Communications  (Firm/Company)
(Address)
Bellear, FL 33756  (City, State and Zip Code)  Josette @ vodermarcum.cum
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person) at (703) 869-4403 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion and Certificate of Status of Organization)  \$150.00 Filing Fees   \$185.00 Filing Fees   \$185
STREET ADDRESS:  Registration Section  Division of Corporations  Clifton Building  MAILING ADDRESS:  Registration Section  Division of Corporations  P. O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

## Certificate of Conversion For "Other Business Entity" Into Florida Limited Liability Company



This Certificate 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 this Certificate of Conversion is:
(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
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
JODER Communications U.C. (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:  (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)
5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

Page 1 of 2

Signed this 10 day of Junuary	_20 <u>14</u>
Signature of Authorized Representative of Limite	
Signature of Authorized Representative: Last Printed Name: Josethe (Idea Moynihan	Title: President
Signature(s) on behalf of Other Business Entity: [S	
Signature: Joseth Oder Moyninan	Title: President
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or O If Directors or Officers have not been selected, an Inco	
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	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

ARTICLE I - Name:

The name of the Limited Liability Company is:

JODER	2 Communi	ications LLC	
(Must end w	ith the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address: The mailing address and s		ncipal office of the Limited	l Liability Company is:
Principal Office Addres	<u>s:</u>	Mailing Address:	
282 Bellevieur Belleair, FL	33756	282 Bellevi Belleair, FL	ew Blvd 33756
	cannot serve as its own Registe orida registration.)		ndividual or another
	Josette Od Name	er Moynthan	EG E TI
Flori	82 Bellevier		2014 JAN 13 PH 4: 19 SECRETARY OF STATE TALLAHASSEE, FLORID
	City	Zip	
liability company at registered agent and ag statutes relating to the	the place designated in ree to act in this capaci proper and complete p	accept service of process fo this certificate, I hereby acc ty. I further agree to comply erformance of my duties, an istered agent as provided for	ept the appointment as wwith the provisions of ali d I am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Joseffe Oder Maynihan 282 Belleview Blud
	Rellear, FL 33756
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)  CLE V: Effective date, if other than the	date of filing: (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must loo days after the date of filing.)	date of filing: (OPTIONAL) be specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must 100 days after the date of filing.)	date of filing: (OPTIONAL) be specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must 100 days after the date of filing.)	be specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must 190 days after the date of filing.) CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	be specific and cannot be more than five business days  Maynihan
ICLE V: Effective date, if other than the effective date is listed, the date must be do days after the date of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0203 (1))	r or an authorized representative of a member.  (b), Florida Statutes, the execution of this document
ICLE V: Effective date, if other than the effective date is listed, the date must be go days after the date of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0203 (1 constitutes an affirmation under the penal am aware that any false information sul	to an authorized representative of a member.  (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true. bmitted in a document to the Department of State
ICLE V: Effective date, if other than the a effective date is listed, the date must be 90 days after the date of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0203 (1 constitutes an affirmation under the penal am aware that any false information sulconstitutes a third degree felony as provi	to an authorized representative of a member.  (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true. bmitted in a document to the Department of State

Page 2 of 2

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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

ARTICLE IV-