

# L14000157798

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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
SHIP AHASSEE, FLORIG

# COVER LETTER

#### **Articles of Conversion**

For

## "Other Business Entity"

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:  NETWORKS - U.S.A. V, INCORPORATED
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of FUPIDA
on 3/2/1987 (date of organization, formation or incorporation)  (Enter state, or if a non-U.S. entity, the name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
NETWORKS - U.S.A. V, LLC (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 all applicable statutes.
Page 1 of 2

14 OCT -6 PH I2: 25
SECRETARY OF STATE
TALL AHASSEE, FLORIDA

and also	1
Signed this 2 May of October	2014
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:  Printed Name: JASON FELDMAN	Title: MANAGER
Signature(s) on behalf of Other Business Entity: [	
Signature:Printed Name:Printed Name:	
Printed Name: JASON FELDMAN	Title: PRESIDENT
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
	·
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili	ty Partnershin:
Signature of one General Partner.	ty Tutteriotogyp.
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)

14 OCT -6 PH 12: 25

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NETWORKS-U.S.A V, (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")	··- <u>·</u>		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited L	iability C	omp	any is:
Principal Office Address:	Mailing Address:			
5100 PGA BIVD Stute 317 Palm Beach Gardens, Fl 33418	PO Box 30278 Palm Beach Gardens	, FL 3	334	20
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)				
The name and the Florida street address of the re	gistered agent are:			
JASON FEL Name	DMAN			
5100 PGA BIVA Florida street address (P.O.	Sute 317 Box NOT acceptable)			
Palm Beach Garde	115 MEFL 33418 Zip			
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg	this certificate, I hereby accept ty. I further agree to comply w erformance of my duties, and I	the appo ith the pro am famili	intme ovisio iar wi	ent as ons of all ith and
Registered Agent's Signa	ature (REQUIRED)	SEGRETI	14 OCT -	Carry Soci
(CONTINU Page 1 of		ARY OF SIM	-6 PH I2: 2	Land Andrews

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager  MGR.	JASON PELDMAN
1000	PO BOX 30278 Palm Beach Gardens, FL 33420
	Palm Beach Gardens, FL 38421
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•	
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	•
effective date is listed, the date must	te date of filing: (OPTIONAL to be specific and cannot be more than five business dates
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any.	t be specific and cannot be more than five business da
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ARTICLE IV-