# L1400015780L

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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CRETARY OF STATE

#### **COVER LETTER**

convert an "Other

SUBJECT: NETWO	RKS-U	of Resulting Florida Limite	d Company)
			d fees are submitted to convert an ecordance with s. 605.1045, F.S.
Please return all corresponden	ce concerning	g this matter to:	
`	ATZ t Person)		
KATZ BASK	IES LU ompany)	<u> </u>	
2255 GLAD	dress)	SUITE 240	$\omega$
BOCA RATON	J. FL (and Zip Code)	<u>33431                                  </u>	
	tzek	atzbaskies port notifications)	s.com
For further information conce	rning this mat	tter, please call:	
Thomas O. Ko (Name of Contact Person)	t2	_ur (	time Telephone Number)
Enclosed is a check for the fo	llowing amou	nt:	
	00 Filing Fees flicate of	\$180.00 Filing Fees and Certified Copy	☐S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:		MAILING A	
Registration Section		Registration S	
Division of Corporations Clifton Building		Division of C P. O. Box 633	-
Citton bullding		r. O. DOX 03.	41

Tallahassee, FL 32314

2661 Executive Center Circle Tällahassee, FL 32301

TO: Registration Section

Division of Corporations

## **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. XXV, 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 FURIDA  (Enter state, or if a non-U.S. entity, the name of the country)  (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization  NETWORKS-U.S.A. XXV, LLC
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

Signed this	20 14			
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: JASON FELDMON		_		
Printed Name: JASON FELD MAN	Title: PRESIDENT	-		
Signature:		_		
Signature:Printed Name:	Title:	-		
Signature: Printed Name:		_		
Printed Name:	Title:	-		
Signature:		_		
Printed Name:	_ Title:	-		
Signature:Printed Name:		_		
Printed Name:	Title:	-		
Signature:Printed Name:		_		
Printed Name:	Title:	-		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.				
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.	ty Limited Partnership:			
All others: Signature of an authorized person.		SEC	14 (	
Fees:		RETAR ATASS	14 OCT -6	Approximate the state of the st
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	RY OF STAT SEELFLOR	5 PM I2: 2	1000

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The mailing address and street address of the principal office of the Limited Liability Company is:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

Page 1 of 2

Mailing Address:

ARTICLE I - Name:

**ARTICLE II - Address:** 

Principal Office Address:

5100 PGA BIVD SU Palm Beach Gardens

business entity with an active Florida registration.)

The name of the Limited Liability Company is:

The name and the Florida street address of the registered agent are:				
JASON FELDMAN Name				
5100 PGA BIVA Suite 317 Florida street address (P.O. Box NOT acceptable)				
Palm Beach Gardens FL 33418 City Zip				
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept to registered agent and agree to act in this capacity. I further agree to comply with statutes relating to the proper and complete performance of my duties, and I and accept the obligations of my position as registered agent as provided for in the service of the control of the proper and complete performance of the control of the proper and complete performance of the control of the proper and complete performance of the control of the proper and complete performance of the control of the proper and complete performance and complete performance of the proper and complete performance and complete performance of the proper and complete performance of the proper and complete performance a	he appo h the pro m famili	intmei ovisioi ar wii	nt as ns of all th and	
Registered Agent's Signature (REQUIRED)	SECRET	14 OCT		, e <u></u>
(CONTINUED)	ARY OF S	21 Hd 9-	Party	

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MOR	JASON FELDMAN PO BOX 30278 Palm Beach Gardens, FL 33420
· .	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL)  be specific and cannot be more than five business days pri
ARTICLE VI: Other provisions, if any.	•

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this documen constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

ASON FELDMAN
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)