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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: NETWORKS- U.S.A.XXVII, LLC
(Name of Resulting Florida Limited Company)
The enclosed Articles 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:
THOMAS O. KATZ (Contact Person) KATZ BASKIES LLC (Firm/Company) 2255 GLADES RD SUTTE 240W (Address) BOCA RATON. FL 33431 (City, State and Zip Code) +homas. katz e katzbaskies. com E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Thomas O. Katz at (561) 910-5700
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\sum_{\subseteq} \sum_{\subseteq} \sum_
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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 NETWORKS - U.S. A. XXVIII. INCORPORATED	of Conve	ersion	is:
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a <u>CORPORATION</u> (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 on 131995 (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articl NETWORKS-U.S.A. XXVIII, 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 date this document is filed by the Florida Department of State; AND 2) must be the s date listed in the attached Articles of Organization, if an effective date is listed therei	same as t		
5. The plan of conversion has been approved in accordance with all applicable statutes.			
Page 1 of 2	SECRETAR TALLAHASS	14 OCT -6	Charles of the Control of the Contro

Signed, this and day of October	
Signature of Authorized Representative of Lim	-
a	
Signature of Authorized Representative: Printed Name: JASON TELDMAN	Title: NANAGER
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]
Signature	
Signature:Printed Name:PRON FEXAMAN	Title: PRESIDENT
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	•
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Ir	ncorporator must sign.
If Florida General Partnership or Limited Liabil	lity Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.	ity Limited Partnership:
•	
All others: Signature of an authorized person.	
Fees:	

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

OCT -6 PM 12: 27
RETARY OF SIAIS

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

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 I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
5100 PGA BIVD Soute 317 Palm Beach Gardens, FL 3341B	PO Box 30278 Palm Beach Gardens, FL 33420
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
JASON FELT	DMAN
5100 PGA BIVA Florida street address (P.O.	Suite 317
Palm Beach Garde	<u>nsfl</u> 33418 Zip
_	accept service of process for the above stated limited this certificate. I hereby accept the appointment as

registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

tered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MOR	JASON FELDMAN
	PO BOX 30278 Palm Beach Gardens, FL 33420
	Palm Beach Gardens, FL 33420
	
effective date is listed, the date must	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prio
effective date is listed, the date must 90 days after the date of filing.)	
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