L14000193768

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

Office Use Only



000266630130

12/22/14--01001--015 **150.00

Effective Date 1/1/15

NOT INTENDED

NOT INTENDED

SUFFICIENCY OF FILING

DEPARTHENT OF STATE

14 DEC 19 PM 1:41

DIVISION OF CORPORATIONS

DEC 2 2 2014 J. HARRIS



December 19, 2014

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 9384557 SO

Customer Reference 1: 97910-83

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

The Other Phone Company, Inc. (FL) Conversion Florida

The Other Phone Company, LLC (FL) Formation Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

COVER LETTER

TO:	Registration S Division of C				
SUBJ	ECT: The Ot	her Phone Company	y, LLC		
			of Resulting Florida	Limite	d Company)
					d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please	return all corre	espondence concernin	g this matter to:		
Danie	l L. Heard				
		(Contact Person)			
Kutak	Rock LLP	<u></u>			
		(Firm/Company)			
124 V	V. Capitol Ave	e., Suite 2000			
		(Address)			
Little	Rock, AR 722	201			
-	((City, State and Zip Code)			
danie	l.heard@kuta	krock.com			
E-m	ail Address: (to b	e used for future annual re	port notifications)		
For fur	ther information	on concerning this ma	• •		
Danie	L. Heard		_at (501	975-	3133
	(Name of Conta	ct Person)	(Area Code)	(Dayt	ime Telephone Number)
Enclos	ed is a check fo	or the following amou	int:		
(\$25 for & \$125	.00 Filing Fees Conversion for Articles nization)	☐\$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
Registr Division Clifton 2661 E	et ADDRESS ration Section of Corporation Building executive Center Section 3230	ons er Circle	Registra Divisior P. O. Bo	tion S of Co x 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: The Other Phone Company, Inc. P9400034696.
(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 Florida
April 22, 1996 (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:
The Other Phone Company, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 1/1/15 (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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Signed this 17th day of December	20 <u>14</u>
Signature of Authorized Representative of Lim	
Signature of Authorized Representative: Printed Name: <u>John P. Fletcher</u>	Title: Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).
Signatura:	
Signature:	Title: EVP, Sec. & G.C.
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnership:
Signature of one General Partner.	
<u> If Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of ALL General Partners.	
All others: Signature of an authorized person.	
Signature of all audiorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The Other Phone Company, LLC (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4001 Rodney Parham Road Little Rock, AR 72212	4001 Rodney Parham Road Little Rock, AR 72212
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
CT Corporation System	
Name	
1200 South Pine Island R	
Florida street address (P.O.	Box NOT acceptable)
Plantation,	<u>FL 33324</u> Zip
City	Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete po	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S

Registered Agent's Signature (REQUIRED)

Katherine Lackey - Asst. Sec.

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE OIVISION OF COMPORATIONS

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	Anthony W. Thomas	
MOIX	4001 Rodney Parham Road	
	Little Rock, AR 72212	
MGR	John P. Fletcher	
	4001 Rodney Parham Road	
·	Little Rock, AR 72212	
(Use attachment if necessary)		
(000 0000000000000000000000000000000000		
effective date is listed, the date must b 00 days after the date of filing.)	date of filing: 1/1/15 . (OPTION be specific and cannot be more than five business	NAL) ss days
effective date is listed, the date must b	date of filing: 1/1/15 . (OPTION be specific and cannot be more than five business	NAL) ss days ;
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ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability