116000165414

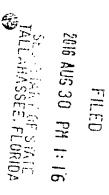
(Re	questor's Name)	
·		
(Ad	dress)	
V 12	u.000)	
DA)	dress)	
(Cit	ty/State/Zip/Phone	e #)
		_
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Dc	cument Number)	
(2.5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Cartified Carian	C-+15	a of Chatura
Certified Copies	_ Certificates	s or Status
Special Instructions to	Filing Officer:	

Office Use Only



100289362671

08/39/16--01919--991 **159.99



144

COVER LETTER

TO: Registration Section Division of Corporations	
support teleph	ons data. com, LLC
SUBJECT: Teleph	ne of Resulting Florida Limited Company)
	ticles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concern	ing this matter to:
Susan (Contact Person)	runella
(Contact Person)	
Telephon	tighgrove Place
(Firm/Company)	
10624 F	tighgrove Place
(Address)	
Fort Mye	rs FL 33913
(City, State and Zip Code)
5 dinnella @ 10	4090.com
E-mail Address: (to be used for future annual	report notifications)
For further information concerning this i	natter, please call:
Susan Dinnella	at (60) 956 9000 (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following am	nount:
\$150.00 Filing Fees (\$25 for Conversion and Certificate of & \$125 for Articles Status of Organization)	s
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314

Tallahassee, FL 32314

Tallahassee, FL 32301

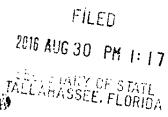
Articles of Conversion

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: Telephony data.com Ltd. (Enter Name of Other Business Entity)
(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
on(date of organization, formation or incorporation) (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:
Telephonydata, com, LLC (Enter Name of Florida Limited Liability Company)
(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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Page 1 of 2

5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 25 day of Aug	20_16_	other	AMBR Dimille
Signature of Authorized Representative of Limit	,	Thoma	2 Dinnell c
Signature of Authorized Representative: Susan Dinnella	Direction 8/25/16 Title: AMBR	8/25	-(16
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]		
Signature: Susan Dinnella	Title: Vice President Largetun	_	
11 000	1	/	
Printed Name: Thomas Dinnella.	Title: President/Treasura	_	
Signature:			
Signature:Printed Name:	Title:	-	
Signature:			
Printed Name:	_ Title:		
Signature:		_	
Printed Name:	_ Title:		
Signature:		A	2
Signature: Printed Name:	_ Title:	_ [~[`` ह - [>]: ` }	20 is •
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Cl. Directors or Officers have not been selected on Inc.		SE	FILED
If Directors or Officers have not been selected, an Inc	orporator must sign.	The H	•
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	TATE ORIDA	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partnership:		
All others: Signature of an authorized person.			
<u>Fees:</u>			
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:	FILED
Tele Plany data: Com, (Must end with the words "Limited Liability Company, "L.L.C.," or "	2018 AUG 30 PH 1: 17
(Must end with the words "Limited Liability Company, "L.L.C.," or "	LLCTO ALLAMASSEE, FLORIDA
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Comp	pany is:
Principal Office Address: Mai	ling Address:
10624 trighgrove Place (0624) Fort Myers FL 33913 Fort	Highgrove Place
Fort Myers PC 33913 Fort	Myske FL 3391:
·	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must desig another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Florida street address of the registered agent are: Swan Dinnell Name High grant Florida street address (P.O. Box NOT acceptable) Florida Street State Zip	'a
Name	<u> </u>
, 0624 thighgy	ove Place
Florida street address (P.O. Box NOT acceptable)	
Fext Myers FL	339/3
City State Zip	
Having been named as registered agent and to accept service of process for the above stated li- place designated in this certificate, I hereby accept the appointment as registered agent and ag further agree to comply with the provisions of all statutes relating to the proper and complete p am familiar with and accept the obligations of my position as registered agent as provided for a	mited liability company at the ree to act in this capacity. I performance of my duties, and I
Registered Agent's Signature (REQUIRE	(D)

(CONTINUED)

Page 1 of 2

A	D	TI	\sim 1	E	137	
А	к		u	"K.	Ιν.	

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

Title:		Name and Address:
	thorized Member	
"MGR" = Man	ager -	Susan Dinnella
		10024 Highgrove Mace
		Fort Myers FC 3391
AMBI	D	Dromas Dinnella.
PIPEPE		17624 Hishorme The
		Fort Much Fr 339
(Use attachmer	nt if nanaggamı)	
(Osc attachmen	in in necessary)	
LEV: Effective	date, if other than the date of f	iling: (OPTIONAL)
of filing.) If the date inserte	ed in this block does not meet	the applicable statutory filing requirements, this date will not be list
of filing.) If the date inserte	ed in this block does not meet e date on the Department of S	the applicable statutory filing requirements, this date will not be list
of filing.) If the date inserted the date inserted the date inserted the date inserted the date in the	ed in this block does not meet e date on the Department of S	the applicable statutory filing requirements, this date will not be list
of filing.) If the date inserted the date in the date	ed in this block does not meet e date on the Department of S ovisions, if any.	the applicable statutory filing requirements, this date will not be list state's records.
of filing.) If the date inserted the date in the date	ed in this block does not meet e date on the Department of Sovisions, if any. SIGNATURE:	the applicable statutory filing requirements, this date will not be list state's records.
of filing.) If the date inserted the date in the date	ed in this block does not meet e date on the Department of Sovisions, if any. SIGNATURE: Signature of a memb	the applicable statutory filing requirements, this date will not be list state's records.
of filing.) If the date inserted the date in the date	ed in this block does not meet e date on the Department of Sovisions, if any. SIGNATURE: Signature of a memb This document is executed in	the applicable statutory filing requirements, this date will not be list state's records. Letto The records are an authorized representative of a member. The record and authorized representative of a member. The record and authorized representative of a member. The record and authorized representative of a member.
of filing.) If the date inserted the date in the date	ed in this block does not meet e date on the Department of Sovisions, if any. SIGNATURE: Signature of a memb This document is executed it am aware that any false inficonstitutes a third degree fel	the applicable statutory filing requirements, this date will not be list state's records. er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State lony as provided for in s.817.155. F.S.
of filing.) If the date inserted the date in the date	ed in this block does not meet e date on the Department of Sovisions, if any. SIGNATURE: Signature of a memb This document is executed it am aware that any false inficonstitutes a third degree fel	the applicable statutory filing requirements, this date will not be list state's records. er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.
of filing.) If the date inserted the date in the date	SIGNATURE: Signature of a memb This document is executed it am aware that any false inficonstitutes a third degree fel	the applicable statutory filing requirements, this date will not be list state's records. Letta records. Letta records. Letta records. Letta records representative of a member. Letta recordance with section 605.0203 (1) (b), Florida Statutes. Letta recordance with section 605.0203 (1) (b), Florida Statutes. Letta recordance with section 605.0203 (1) (b), Florida Statutes. Letta records representative of a member. Letta records recta records records records records records records records recor
of filing.) If the date inserted the date in the date	SIGNATURE: Signature of a memb This document is executed it am aware that any false inficonstitutes a third degree fel	the applicable statutory filing requirements, this date will not be list state's records. Letta records. Letta records. Letta records. Letta records representative of a member. Letta recordance with section 605.0203 (1) (b), Florida Statutes. Letta recordance with section 605.0203 (1) (b), Florida Statutes. Letta recordance with section 605.0203 (1) (b), Florida Statutes. Letta records representative of a member. Letta records recta records records records records records records records recor
of filing.) If the date inserted the date in the date	SIGNATURE: Signature of a memb This document is executed it am aware that any false inficonstitutes a third degree fel	the applicable statutory filing requirements, this date will not be list state's records. Letta records. Let
of filing.) If the date inserted the date insert	SIGNATURE: Signature of a memb This document is executed if am aware that any false inficonstitutes a third degree fel Signature of Organ	the applicable statutory filing requirements, this date will not be list state's records. Letta records. Let
of filing.) If the date inserted the date insert	SIGNATURE: Signature of a memb This document is executed if a maware that any false inficonstitutes a third degree fel This document is executed if a maware that any false inficonstitutes a third degree fel The signature of a memb This document is executed if a maware that any false inficonstitutes a third degree fel The signature of Organ Trified Copy (Optional)	er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: dization and Designation of Registered Agent
of filing.) If the date inserted the date insert	SIGNATURE: Signature of a memb This document is executed if am aware that any false inficonstitutes a third degree fel Signature of Organ	the applicable statutory filing requirements, this date will not be list state's records. The records are representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S. The law yped or printed name of signee Filing Fees: Sization and Designation of Registered Agent