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(Re	equestor's Name)).
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	ie #)
	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number))
Certified Copies	_ Certificate	s of Status
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COVER LETTER

	vision of Co	orporations		
SUBJECT	۳.	AiRA	MERICA . COM.	LLC.
SODJECI	•	(Name	MERICA . COM of Resulting Florida Limite	d Company)
The enclos Business E	sed Articles Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organization, an ability Company" in a	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please retu	ırn all corre	espondence concerning	g this matter to:	
		DAVID BLO	CK	
		(Contact Person)		
	A	(Contact Person) (Firm/Company)	LLC.	
_		(Firm/Company)		
	0	2911 GRANCE	D QUENUE, SO	WITE 3-A
		(Address)	/	
		MIAMI FL	0 RIDA 33 133 D 9 MAIL COM	3
	((City, State and Zip Code)	_	
	X.a	SAIRA MERIAN	amail com	
		e used for future annual re		
E-mail A	tuuress: (to b	e used for future annual re	port nonneations)	
For furthe	r informatio	on concerning this ma	tter, please call:	•
	DAVID	Block	at (315) (Area Code) (Day	860-0000
(N	ame of Conta	ct Person)	(Area Code) (Day	ytime Telephone Number)
Enclosed		or the following amou		
J		_	_	_
	Filing Fees		□\$180.00 Filing Fees	\$185.00 Filing Fees,
(\$25 for Cor & \$125 for		and Certificate of Status	and Certified Copy	Certified Copy, and Certificate of Status
of Organiza	tion)			
STREET	ADDRES:	S:	MAILING A	ADDRESS:
	on Section		Registration	
-	of Corporat	ions	Division of C	
Clifton Bu			P. O. Box 63	27
2661 Exec	cutive Cent	er Circle	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:
(P10 - 070331) (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 <u>8/26/5010</u> . (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:
AIRAMERICA, COM, 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) compate he prior to date of receipt on filed date non-receipt and filed date non-receipt on filed date non
(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.
5. The plan of conversion has been approved in accordance with all applicable statutes.

Page 1 of 2

, ,	
Signed this 28 day of Senense	<u> 20 /6 .</u>
Signature of Authorized Representative of Lips	ted Liability Company:
Signature of Authorized Representative: Printed Name: Davi'o Block	Title: MANAGER
Signature(s) on behalf of Other Business Entity:	
Signature: Printed Name: AVID BOOK	110,10000
Printed Name: Printed Name:	Title:
Signature:Printed Name:	Title
Signature:Printed Name:	Title:
· · · · · · · · · · · · · · · · · · ·	
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	0.07
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In-	
If Florida General Partnership or Limited Liabili	tv Partnershin:
Signature of one General Partner.	ty 1 artificionipi
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
AIRAMERICA, COM (Must end with the words "Limited Liability Comp	LLQ.
(Must end with the words "Limited Liability Comp	oany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principa	l office of the Limited Liability Company is:
Principal Office Address: Mai	ling Address:
2911 GRAND QUENUE	
SUITE 3A MIPMI, FLORINA 33/33	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own Registered Agents) business entity with an active Florida registration.)	
The name and the Florida street address of the register	red agent are:
LPS CORPORATE Name	SERVICE JAC.
Florida street address (P.O. Box)	STON BLVD. SUITE /
·	
SHASO A F	L 34236 Zip
City	Zip
Having been named as registered agent and to accept liability company at the place designated in this cregistered agent and agree to act in this capacity. If statutes relating to the proper and complete perform accept the obligations of my position as registered.	ertificate, I hereby accept the appointment as urther agree to comply with the provisions of all nance of my duties, and I am familiar with and dagent as provided for in Chapter 605, F.S
Registered Agent's Signature	(vedoived)

(CONTINUED)

Page 1 of 2

"MGR" = Manager DAVID BLOCK	Title:	Name and Address:	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	"AMBR" = Authorized Member "MGR" = Manager		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			- -
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	MGR1		_
CLE V: Effective date, if other than the date of filing:	MANAGER	1911 GRAND AVE 3-A- MIAMI, FL. 33/33	-
CLE V: Effective date, if other than the date of filing:			-
CLE V: Effective date, if other than the date of filing:			-
CLE V: Effective date, if other than the date of filing:			-
CLE V: Effective date, if other than the date of filing:			
effective date is listed, the date must be specific and cannot be more than five business date days after the date of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be limit's effective date on the Department of State's records. CLE VI: Other provisions, if any. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.	(Use attachment if necessary)		_
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