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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	Filing Seion of C	ection orporations		
SUBJECT:	F		ver Solution ulting Florida Limited Com	
			-	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return	all corre	espondence concerning	g this matter to:	
	Da F	Contact Person) Fiber Solution (Firm/Company) Fanden Bay F (Address) L 33635 City. State and Zip Code)	s, LLC Pr. Apt 308	
E-mail Add	Saburess: (to b	Sbin@ ama.1.Co e used for future annual re	port notifications)	
For further in	formation	on concerning this mat	tter, please call:	
Alis (Name	<u>a_B</u> ≥ of Conta	Shin ct Person)	_at (<u>803</u>) <u>94</u> (Area Code) (Day	7- 80/2 time Telephone Number)
		or the following amou a bank located in the		sed by this office must be payable in US
☐ \$150.00 Fili (\$25 for Conve & \$125 for Arti of Organization	rsion cles	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
STREET Al New Filing S Division of C Clifton Build 2661 Execut	Section Corporati ling	ons	MAILING A New Filing S Division of C P. O. Box 633 Tallahassee, I	ection forporations 27

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.

Pinnacle Fiber Solutions, LLC (Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a LLC (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 June 3, 2016 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization Pinnacle Fiber Solutions, UC (Enter Name of Florida Limited Liability Company)	n:
4. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days a the date this document is filed by the Florida Department of State.) 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.	
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amoun which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.	to

Signed this 23 day of August	_20
Signature of Authorized Representative of Limit	•
Signature of Authorized Representative: Printed Name: Jonathan Bushin	KL. Title: <u>AMBR</u>
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Alya Bushin Printed Name: Alisa Bushin	Title: MRG
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	_ Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: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 <u>ALL</u> General Partners.	
All others: Signature of an authorized person.	
Fees:	
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:

Pinnacle Fiber Sc (Must contain the words "Limited Liability	Olutions, LLC Company, "L.L.C.," or "LL.C.")
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:
Apt 308 Tampa FL 33635	Drive Apt. 308 Tampa FL,33635
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Alisa Bush	Din
/ ·	
6606 Camden	Bay Drive Apt 308
Florida street address (P.O.	Box NOT acceptable)
Tampa	FI. 3363.5 Zin
, City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	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
alija B	uli
Registered Agent's Sign (CONTINI	JED)
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The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member	
"MGR" = Manager	Τ // Α .
<u>AMBR</u>	Jonathan Busbin
	16606 Camden Boy Drive Apt 308 Tampa FL 33635
	Tampa FL 336'35
11 7 0	
MBIK	Alisa Busbin
	6606 Canden Bay Drive Apt 300
	lampa FL 33635
	
(How ottoobrownt if management)	
(Use attachment if necessary)	
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REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member This document is executed in accorda	ance with section 605.0203 (1) (b), Florida Statutes. I am aware that
REQUIRED SIGNATURE: Signature of a member This document is executed in accorda any false information submitted in a d	ance with section 605.0203 (1) (b), Florida Statutes. I am aware tha
REQUIRED SIGNATURE: Signature of a member This document is executed in accorda any false information submitted in a d as provided for in s.817.155, F.S.	ance with section 605.0203 (1) (b). Florida Statutes. I am aware the ocument to the Department of State constitutes a third degree felor.
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REQUIRED SIGNATURE: Signature of a member This document is executed in accorda any false information submitted in a d as provided for in s.817.155, F.S. Jona 1	Typed or printed name of signee Filing Fees es of Organization and Designation of Registered A