# 117000206891

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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## **COVER LETTER**

TO: New Filing Son Division of C			
SUBJECT:	ERE TU	Chnologi Sulting Florida Limited Con	ls lpany)
			d fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:	
Judith JERF	Edmon (Contact Person)	d	
Po Box	(Firm/Company)		
West Pa	IM Beau City, State and Zip Code)	h, FL 33	3416
L-mail Address: (to b	retechnoli e used for future annual re	port notifications)	
For further information	on concerning this ma	tter, please call:	
Judith (Name of Conta	Edmond (ct Person)	at (501) 2.	30. 4435 rtime Telephone Number)
	or the following amou a bank located in the	•	sed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy	S185.00 Filing Fees. Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MAILING A	ADDRESS:

New Filing Section
Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

## INHS11 (7/17)

New Filing Section
Division of Corporations
Clifton Building

2661 Executive Center Circle 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:  [Enter Name of Other Business Entity]  (Enter Name of Other Business Entity)
^
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
on 3 3 1 (date of organization, formation or incorporation) (Enter state, of if a non-U.S. entity, the name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 10 3 20 17.  (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
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 amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this3 day of OC+DOLY	20
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name:	Title:
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]
Signature:	Title: VIO President
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc.  If Florida General Partnership or Limited Liability Signature of one General Partner.	corporator must sign.
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
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)

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
TERE Technogies LLC.  (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liab	ility Company is:			
Principal Office Address:  Mailing Address:  By By 1973  Principal Office Address:  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's S  (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)				
The name and the Florida street address of the registered agent are:  UCLITH Edmand  Name  H8.34 Summit Blvd  Florida street address (P.O. Box NOT acceptable)  West Palm Bener 33415  City Zip				
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in 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.				
Registered Agent's Signature (REQUIRED)	17 0CT -			
(CONTINUED)				

Company:	
Title: "AMBR" = Authorized Member "MGR" = Manager President	Name and Address:  Jean Remy Edmond  Nest Palm Beach, FL 33416  Judith B. Edmond  Po Box 19731  West Palm Beach, FL 33416
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	986 52 986 52
REQUIRED SIGNATURE:	n Eca
Signature of a member or	an authorized representative of a member

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

ARTICLE IV-

as provided for in s.817.155, F.S.

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee

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