# L17000244538

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

M. MOON DEC 06 2017



500306113425

17 DEC -5 AM 12: 44



# CORPORATION SERVICE COMPANY

1201 Hays Street Tallahassee, FL 32301 (850) 558-1500 (850) 558-1515 (fax)

Account Number: I200000	000195		
Client Account Number:  Cost Limit: 150.  Authorization:: Contact: CVX CONT	Melenan le Turner ext	62969	
	ation Name(s) & Document n		Ì
2)	,		
3)	<u>.</u>	····	
$\mathcal{L}^{\prime}$	Certified Copy Certi	ficate of Status	
New Filings	Amendment	Qualification	
Profit	Amendment	Profit	
NFP	COA	NFP	17 D
LLC	Dissolution/Withdrawal	X rrc	DEC -5
LTD	Merger	LTD	SEL FI
Other:			AM 12: 41
Annual Report	Fictitious Name	Reinstatement	

# 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.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: omcast of Illinois/Indiana
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a general partnership  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fir	rst organized, formed or incorporated under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
οn	August 5, 1997
011	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
C	omcast of Illinois/Indiana, LLC
_	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
T)	he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after educate this document is filed by the Florida Department of State.)
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nument'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 this 544 day of December	20_17
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:Printed Name:	Title:
Signature(s) on behalf of Other Business Entity: 1	See below for required signature(s)]
Signature: Printed Name: Derek H. Squire	Title: Vice President of General Partner (see attached)
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title;
Signature:	
Signature:Printed Name:	_ Title:
Signature: Printed Name:	T'AL.
Printed Name:	Inte:
Signature:Printed Name:	
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 Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Limbility Signatures of ALL General Partners.	y Limited Partnérship:
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)

TZ DEC -5 AM ID: LL

Attachment to
Articles of Conversion for
"Other Business Entity" Into
Florida Limited Liability Company

General Partner:

TCID of Florida, LLC
By: Comcast Cable Communications Management, LLC, its Manager

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1

ARTICLE I - Name: The name of the Limited Liability Company	y is:
Comcast of Illinois/Indiana, LLC	
(Must contain the words "Limited Lie	ability Company, "1.1.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1701 John F. Kennedy Boulevard	1701 John F. Kennedy Boulevard
Philadelphia, Pennsylvania 19103-2838	Philadelphia, Pennsylvania 19103-2838
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of the	he registered agent are:
C T Corporation System	
. N	aine .
1200 South Pine Island Road	d
Florida street address (l	P.O. Box NOT acceptable)
Plantation	FL 33324
City	Zip
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple	nd to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and a registered agent as provided for in Chapter 605, F.S.
Naigut & Registefed Agent's S	Signature (REQUIRED)
(CONT	TINUED) MARGARET E. ROUTZAHN Special Assistant Secretary
	Secretary Secret

### ARTICLE IV-

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

TCID of Florida, LLC
1701 John F. Kennedy Boulevard
Philadelphia, Pennsylvania 19103-2838
Comcast of California/Colorado/Florida/Oregon, Inc.
1701 John F. Kennedy Boulevard
Philadelphia, Pennsylvania 19103-2838
17 DEC -5 AM 12: 41,
<u>.</u>

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.

Derek H. Squire, Vice President of Comcast Cable Communications Management, LLC, Manager of TCID of Florida, LLC, Authorized Member

Typed or printed name of signee

### 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)