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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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Office Use Only

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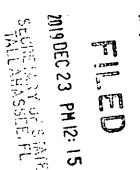
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| TO: | New Filing So Division of C | | | | | |
|-------------------|--|---|------------|----------------------------|-------------------------------|--|
| SUB. | IECT: | SUNCOAST TL I, L | LC | | | |
| | | (Name of Res | ulting Flo | orida Limi | ted Com | pany) |
| Busir | ess Entity" into | a "Florida Limited Li | ability (| Company | ion, and | d fees are submitted to convert an "Other cordance with s. 605.1045, F.S. |
| Pleas | e return all corre | espondence concerning | g this m | atter to: | | |
| | Barry Weisk | opf | | | | |
| | | (Contact Person) | - | | _ | |
| | Tydings & Ros | senberg LLP | | | _ | |
| | | (Firm/Company) | | • | | |
| | One East Pr | att Street, Suite 901 | | | | |
| | | (Address) | - | _ | _ | |
| | Baltimore, Ma | ryland 21202 | | | | |
| | ((| City, State and Zip Code) | | | _ | |
| bı | weiskopf@tydi | ngslaw.com | | | | |
| | | e used for future annual re | port noti | fications) | _ | |
| For f | urther informati | on concerning this ma | tter, ple | ase call: | | |
| В | arry Weiskopf | | n1 (| 410 | , 7 | 52-9700 |
| | (Name of Conta | act Person) | _ai (| Area Code | _/) (Day | time Telephone Number) |
| | | for the following amou a bank located in the | nt: (Al | l checks | | sed by this office must be payable in US |
| (\$25 f & \$12 | 50.00 Filing Fees for Conversion 5 for Articles ganization) | ☐\$155.00 Filing Fees and Certificate of Status | | 0.00 Filing crtified Co | | ☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status |
| | Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee. | ection Corporations 27 | | | New Divis The C 2415 | t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303 |



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: SUNCOAST TLI, LLC |
|---|
| (Enter Name of Other Business Entity) |
| The "Other Business Entity" is a Limited Liability Company (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.) |
| First organized, formed or incorporated under the laws of |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| 5/11/2009 on |
| on 5/11/2009 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| SUNCOAST TELL, LLC |
| (Enter Name of Florida Limited Liability Company) |
| 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 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 this 16th day of December | 20_19 | | |
|---|--|-------------------------------|---------|
| Signature of Authorized Representative of Lim | nited Liability Company: | | |
| Signature of Authorized Representative: 4 | . /1 / T | | |
| Signature(s) on behalf of Other Business Entity: | [See below for required signature(s)] | | |
| Signature: Printed Name: Eric M. Levitt | Title: Authorized Member | | |
| Signature:Printed Name: | | | |
| Signature: Printed Name: | | | |
| Signature: | | | |
| Signature: | | | |
| Printed Name: | Title: | | |
| Signature: Printed Name: | Title: | | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In | Officer. corporator must sign. | | |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: | | |
| If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. | ty Limited Partnership: | | |
| All others: Signature of an authorized person. | | 2019 DEC SEGLENA PALLAR | 77 |
| Fees: | | C 23 | TE VOTE |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) | PH 12: 15 | M |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| SUNCOAST TL | | lability Company, "L.L.C.," or "LLC.") | |
|--|---|--|--------------------------------|
| | (Musi contain the words - Limited Li | ability Company, T.I.E., or LEE.) | |
| ARTICLE II - | Address: | | |
| The mailing ad- | dress and street address of th | ne principal office of the Limited L | Liability Company is: |
| Principal Offic | ce Address: | Mailing Address: | |
| 105 Siesta Way | | c/o L&H Business Consulting, L | LC . |
| Palm Beach Garde | ens, Florida 33418 | 1212 York Road, Suite C 300 | |
| | | | |
| ADTICLE III | Dogistared Agent Dogist | Lutherville, MD 21093 | Pe Signatura |
| (The Limited Liabili business entity with | - Registered Agent, Regist ty Company cannot serve as its own la an active Florida registration.) he Florida street address of | ered Office, & Registered Agent Registered Agent. You must designate an indi | vidual or another |
| (The Limited Liabili business entity with | ty Company cannot serve as its own la an active Florida registration.) | ered Office, & Registered Agent Registered Agent. You must designate an indi | vidual or another |
| (The Limited Liabili business entity with | ty Company cannot serve as its own loan active Florida registration.) he Florida street address of the Eric M. Levitt | ered Office, & Registered Agent Registered Agent. You must designate an indi | vidual or another |
| (The Limited Liabili business entity with | ty Company cannot serve as its own loan active Florida registration.) he Florida street address of the Eric M. Levitt | ered Office, & Registered Agent Registered Agent. You must designate an indi the registered agent are: | vidual or another |
| (The Limited Liabili business entity with | ty Company cannot serve as its own In an active Florida registration.) he Florida street address of the Eric M. Levitt No. 105 Siesta Way | ered Office, & Registered Agent Registered Agent. You must designate an indi the registered agent are: | vidual or another |
| (The Limited Liabili business entity with | ty Company cannot serve as its own In an active Florida registration.) he Florida street address of the Eric M. Levitt No. 105 Siesta Way | ered Office, & Registered Agent Registered Agent. You must designate an indi the registered agent are: | vidual or another 2019 DEC 23 |

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)

(CONTINUED)

| Title: "AMBR" = Authorized Member | Name and Address: |
|--|--|
| "MGR" = Manager | |
| AMBR | Eric Levitt |
| | 105 Siesta Way |
| | Palm Beach Gardens, FL 33418 |
| | 10 |
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| /1 for attack and if a constant | |
| (Use attachment if necessary) | |
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| LE V: Other provisions, if any. | |
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| REQUIRED SIGNATURE: | \bigcirc . |
| | |
| REQUIRED SIGNATURE. | / |
| _ C M. (| ews |
| Signature of a member or | an authorized representative of a member |
| Signature of a member or This document is executed in accordance | an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware ament to the Department of State constitutes a third degree for |

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)

ARTICLE IV-