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(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
<u> </u>
(Business Entity Name)
(Document Number)
(Soomone, ramos),
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

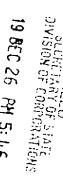
Office Use Only



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COVER LETTER

Correct form

Divis	ion of Corporations			
SUBJECT:	125 mits	Sol HiENS	17	
-		ne of Resulting Florida L		

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

TO: New Filing Section

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- Devil Broknell
(Contact Person)
241 RNO. FULSE RISIMITAGE
(Firm/Company)
12851 EW 5.1085 WOOD AVR.
(Address)
4004 St. LOCIE FL. 3498
(City, State and Zip Code)
abicknel @ gmail. com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Dr. M. Bickarll	ar(603)533-2751
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

Already PAID

Mailing Address: New Filing Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Conversion

For

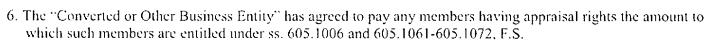
"Other Business Entity"

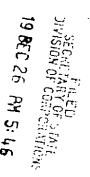
Into

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: Opt. いにも 501241 a A とした (Enter Name of Other Business Entity)
(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 New Hanpshire (Enter state, or if a non-U.S. entity, the name of the country)
on 10 19 2015 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Optimized Solutions LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 11 12000. (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.





Signed this Forthday of February 20 20 ... Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative: Printed Name: Duvid Bicknett Title: MI- 12 Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Title: AMAR Printed Name: Down & B. C. & AF TT Signature: _____ Printed Name: ______ Title: ___ Signature: Title: Printed Name: Signature: Printed Name: Title: Signature: Title: _____ Printed Name: Signature: Printed Name: Title: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others: Signature of an authorized person. Fees: Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Certified Copy:

Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Option, red Solutions LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	<u>Maining Address:</u>
12521 200 511 VET WOOD H.M.	Same
point st. Lucie FL.	
31987	·

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Name

13551 Sw Silverwood Aire

Florida street address (P.O. Box NOT acceptable)

Pert St Lucie FL 34987

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)

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	11.00
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	1251 50 511 127 12 10 10 10 10 10 10 10 10 10 10 10 10 10
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P. M. J. K	Deniga Ricker !!
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	#18-4 - X7 / 24 6 - LT 34 48)
	THE STATE OF THE S
412 4 25	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than	the date of filing: 1 1 1 27 (OPTIONAL)
(If an effective date is listed, the date mus	st be specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	
	es not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Depa	ertment of State's records.
ARTICLE VI: Other provisions, if any.	
ARTICLE VI. Other provisions, it any.	
DECHIDENCIANATUDE.	× ; \
REOUIRED SIGNATURE:	
	- 1 18 - 51 Ch
	of a member or an authorized representative of a member.
	s executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that a	iny false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
constitues a time	a degree reiony as provided for mis.or (1.100, 1.30).
<u>isad</u>	11/ Dicknill
	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)