020000000

(Requestor's Name)		
(Ac	idress)	
	1.4	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
_	<u> </u>	_
(Bu	siness Entity Name)
(Ďc	ocument Number)	
•	,	
Certified Copies	_ Certificates o	of Status
Considerations to	Filias Officer	
Special Instructions to	Filing Officer.	
	••	

Office Use Only

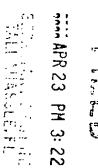
K PAGE

APR 2 7 2020



700340764097

02714/20 --01021 -025 **155.09



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 6, 2020

DASHA DESKWERTH 4952 GREY MESA STREET LAS VEGAS, NV 89149

SUBJECT: TOTAL CYBER CONSULTING

Ref. Number: W20000023796

We have received your document for TOTAL CYBER CONSULTING and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II

Letter Number: 320A00007315

MERCO, 1AM NOT SURE WHIN WE RECEIVED THIS DACK. IT IS FILLED OUT WITH, TIGE" NEXT TO NAME AND ADDRESS - SEE CIRCLESD 10 THIS DOZ. AGO WE ARE SENDING ANOTHER IFRESH COPY OF IT. PLEASE CALL. 813-510-0762 IF NOT CLEAR. TRIED TO CATE A FLOT TIMES.

www.sunbiz.org



March 4, 2020

DASHA DESKWERTH 4952 GREY MESA STREET LAS VEGAS, NV 89149

SUBJECT: TOTAL CYBER CONSULTING

Ref. Number: W20000023796

We have received your document for TOTAL CYBER CONSULTING and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must contain the name of the limited liability company as set forth in the attached articles of organization.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II

Letter Number: 720A00004727

COVER LETTER

TO: New Filing Section Division of Corporations 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: TAL CYTER CONSULTING UC (Address) (City, State and Zip Code) INFO @ STEALTH - ISS. com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: DASMA DECKLUERTH at (813) 510 0762
(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 pavable in US dollars and drawn on a bank located in the United States) D\$155,00 Filing Fees □\$180,00 Filing Fees ☐ \$150.00 Filing Fees ☐\$185,00 Filing Fees, (\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and Status Certificate of Status & \$125 for Articles of Organization)

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"

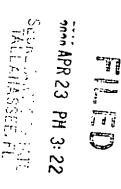
Into

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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CIDITED LA DICITY COMPANY CC. (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 OI OI 2018 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
TOTAL CYDER CONSULTING, CC. (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.)
<u>Note:</u> 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 10 day of FEDRUARY	_ 20 <u> 20</u>	
Signature of Authorized Representative of Limi	ited Liability Company:	
Signature of Authorized Representative: Printed Name: DASYM DECLEMENTAL	Title: (7G2)	_
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
Signature: Drisna December in	Title: NGO	-
		_
Signature: Printed Name:	Title:	- -
Signature:Printed Name:	Title	_
		_
Signature:Printed Name:	Title:	-
Signature:Printed Name:	· 	_
Printed Name:	Title:	_
Signature:Printed Name:	701	_
Printed Name:	title:	_
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.		
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.		क अ
Fees:		APR
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	R 23 PH 3:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Co	ompany is:
Must contain the words "Li	mited Liability Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

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

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

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

ARTICLE 1 - Name:

DASHA DECKUSETH	WI.	3035	
Name	—í	APR 23	-
11300 120th TOPRACE N	58.50 S.S.		देशका
Florida street address (P.O. Box <u>NOT</u> acceptable)		₽¥ 3:	3 0.0
<u>LARGO</u> FL 33778 City Zip		: 22	

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)

A	DTI	CI	L	IV_{-}
-	KII			1

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" Manager	DASMA DECKUARTA VASZ GREY MEIA ST LAS VECAS, NV 89149
	<i>(f)</i>
 	T
	P 73
	<u> </u>
(Use attachment if necessary)	7 N
ARTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
<u> </u>	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony
DASMA DE	Ch WiseTM
Тур	ped 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)