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| (F | Requestor's Name) | <u> </u> |
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| (Address) | | |
| (<i>f</i> | Address) | |
| (0 | City/State/Zip/Phone #) | l |
| PICK-UP | ☐ WAIT | MAIL |
| (E | Business Entity Name) | |
| (Document Number) | | |
| Certified Copies | Certificates of | Status |
| Special Instructions to | o Filing Officer: | |
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Office Use Only



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| T \(\theta\): New Filing So Division of C | ı | | | |
| SUBJECT: | Enripped, L | ulting Florida Limite | d Company) | |
| | (Name of Nes | uning i forida izililik | a Company) | |
| | s of Conversion, Artic a "Florida Limited Li | _ | | tted to convert an "Other . 605.1045. F.S. |
| Please return all corre | espondence concerning | g this matter to: | | |
| Erra Thon | P50:N | | | |
| | (Contact Person) | | | |
| Kennspeed | LC 1 | | | |
| | (Firm/Company) | | | |
| 208 marin | ratio St. | | | |
| <u> </u> | (Address) | | | |
| New Smy | ina Beach, F | 2 32168 | | |
| 0,000 | City, State and Zip Code | | | |
| MONSPACI | agnail (c | | | |
| E-mail Address: (to b | e used for future annual re | port notifications) | | |
| For further information | on concerning this ma | tter, please call: | | |
| Sive Thom | 17500 | | 201 0710 | |
| (Name of Conta | | _at (<u>1001</u>) (Area Code) | (Daytime Telephone Nu | mhar) |
| (Name of Conta | et reison) | (Area Code) | (Daytime Telephone Nu | inner) |
| | or the following amou a bank located in the | • | occssed by this office | must be payable in US |
| S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | 25155.00 Filing Fees and Certificate of Status | S180.00 Filing I and Certified Copy | | nd |
| Mailing Add New Filing So Division of C | ection | | Street Address: New Filing Section Division of Corporation | ons |
| P.O. Box 632 | | | The Centre of Tallaha | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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.

| 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) |
| (Effect Name of Other Business Effect) |
| 2. The "Other Business Entity" is a |
| First organized, formed or incorporated under the laws of Pennsylvania M190000 7586 (Enter state, or if a non-U.S. entity, the name of the country) |
| on 51313018 (date of organization, formation or incorporation) |
| 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: USE Filing, 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 day of May_ | 20 <u>20 </u> |
|---|--|
| Signature of Authorized Representative of Limi Signature of Authorized Representative Printed Name: FIG. L. MONGE | ted Liability Company: |
| () | |
| Signature of Authorized Representative | |
| Printed Name: LYICA C. MOMOSON | Title: OWIYEY |
| | |
| Signature(s) on behalf of Other Business Entity: | See below for required signature(s) |
| Signature: | |
| Printed Name: Erica L. Thompson | Title: OUNCE |
| rimed Name: Exict C. Workgood, 1 | Title. Otto k.1 |
| Signature: | |
| Signature:Printed Name: | Title |
| | |
| Signature: | |
| Signature:Printed Name: | Title: |
| i | - |
| Signature: | |
| Signature: Printed Name: | Title: |
| | |
| Signature:Printed Name: | |
| Printed Name: | Title: |
| | |
| Signature: | |
| Signature:Printed Name: | Title: |
| • | |
| If Florida Corporation: | 265 |
| Signature of Chairman, Vice Chairman, Director, or | |
| If Directors or Officers have not been selected, an Inc | corporator must sign. |
| If Florida General Partnership or Limited Liabili | ty Dantnarchine |
| Signature of one General Partner. | ty rarthership. |
| organitie of one General Farther. | |
| If Florida Limited Partnership or Limited Liabili | ty Limited Partnership |
| Signatures of ALL General Partners. | |
| Transfer of 144222 Constant Later of | |
| All others: | |
| Signature of an authorized person. | |
| | |
| Fees: | |
| | |
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$125.00 |
| Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |
| Settificate of Datas. | φοινό (Ορποπαι) |

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. ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | |
|--|---|--|
| The name of the Limited Liability Company is: | | |
| Pennspeed, UC (Must contain the words "Limited Liability | Company of L.C. " or wild.") | |
| (Must contain the words (Amitted Daolity | Company, therein or rise. | |
| ARTICLE II - Address: | | |
| The mailing address and street address of the pri | ncipal office of the Limited Liability Comp. | any is: |
| Principal Office Address: | Mailing Address: | |
| 208 Magnolia St New Smyrna Brach, FC | 208 Magnolia St Niw Smura Brachia | |
| RaileE | 32168 | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | ered Agent. You must designate an individual or another |) H |
| The name and the Florida street address of the re | egistered agent are: | SEC8 |
| Erica Lee Tro | mpson 1 | |
| Name | 2 | 5 2 2 3 3 4 |
| 208 magnolic | | |
| Florida street address (P.O. | Box NOT acceptable) | Sign Sign Sign Sign Sign Sign Sign Sign |
| New Smyrna Bec | | 12 |
| City | Zip | |
| registered agent and agree to act in this capaci statutes relating to the proper and complete p | this certificate. Thereby accept the appointm ty. I further agree to comply with the provisi | ent as ons of al eith and |

(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 | Erica L. Thompson |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| (Ose attachment if necessary) | |
| ARTICLE V: Other provisions, if any | |
| | |
| | |
| REQUIRED SIGNATURE; | |

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.

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)