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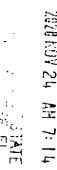
(Re	equestor's Name)	
(Ac	ldress)	
(Ad	idress)	
(Cir	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me)
(Do	ocument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

COVER LETTER.	i.
TO: New Filing Section Division of Corporations	,
SUBJECT: Performum LCC (Name of Resulting Florida Limited Company)	
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert a Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.	ın "Other
Please return all correspondence concerning this matter to:	
Eric P. Feichthaler (Contact Person)	
Burandt, Adamski, Feighthalprof Sanchez, PLLC (Firm/Company)	
1714 Cape Coral Parkuxy E. (Address)	
Cape Coral FL 335904 (City, State and Zip Code)	
E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
Eric Frichtige at (239) 543. 4733 (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 dollars and drawn on a bank located in the United States)	e in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$150.00 Filing Fees and Certificate of \$180.00 Filing Fees and Certified Copy (Certified Copy, and Certificate of Status)	
Mailing Address:Street Address:New Filing SectionNew Filing Section	2026 NO

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810;

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.

DocuSign Envelope ID: D81AE175-C2C3-4527-80DC-F4689DEAF26A	
Signed this day of	_ 20.20
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Nones	Title: AMBR
Signature(s) on hehalf of Other Business Entity:	[See below for required signature(s)]
Signature: No. 1/640F1	
Printed Name: 1. (10) 05 Post	Title: AMPR
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Litle:
Signature: Printed Name:	C'A
rinted Name:	1 Hic:
Signature: Printed Name:	Title.
	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If 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.	
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)

1920 KOY 24 MH 7: 11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability Company, "I	L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address: Mailing	Address:
1243 SU Pine Island Rd. 5+C 42 # 258 Cape Coral, FL. 33991 Cape	Sw Pine Island Rd 42 # 258 Coral, FL 33991
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Registered Agent. Y business entity with an active Florida registration.)	
The name and the Florida street address of the registered a Name Name	
1242 SW Pine ISland Florida street address (P.O. Box NO)	RA. Ste 42 #258 [acceptable]
Cape Coral FL City	33991 Zip
Having been named as registered agent and to accept ser liability company at the place designated in this certific registered agent and agree to act in this capacity. I further statutes relating to the proper and complete performance accept the obligations of my position as registered age	cate, I hereby accept the appointment as er agree to comply with the provisions of al ee of my duties, and I am familiar with and
Bookstond A and Cineton (D.D.	OF IAB ED /
Registered Agent's Signature (RE	701KED)

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager	Dicholas Post 1242 Sw Pine Island Rd Stey2 #
	Cape Coral, FL 33991
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
SOBAUGI SC 3764UE	· · · · · · · · · · · · · · · · · · ·
This document is executed in accordance wi	authorized representative of a member this section 605.0203 (1) (b), Florida Statutes. I am aware that to the Department of State constitutes a third degree felony.

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)