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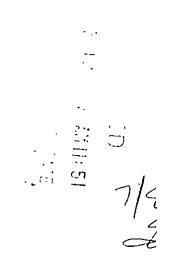
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #	<del>f</del> )
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	··· <u>·</u>
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Pathfinder Solutions Group LLC	
(Name of Resulting Florida Limited Company)	
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Oth Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.	er
Please return all correspondence concerning this matter to:	
SEAN Drake (Contact Person)	
Story Lovesome Group LLC (Firm/Company)	
Scol Bridge St # 1413	
(Address)  Tampa FL 33611  (City. State and Zip Code)	
(City, State and Zip Code)	
E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
Sean Drake at (203) 247 - 2479  (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)	3
\$\Bigcup \text{\$\subseteq} \te	•
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  Tallahassee, FL 32303	J

## **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:  Path finder Solutions Group LLC  (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a hombed liab. In Company (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 10 25 19 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Path finder Solutions Group LLC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: Filing Jele.  (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 23 day of June	20_21
Signature of Authorized Representative of Limit	
Signature of Authorized Representative:	n D Realis Managing Member
Signature(s) on behalf of Other Business Entity:	
Signature: Sean D Drake	
Printed Name: Sean D Drake	_ Title: Managing Manber
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature: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 Liability	corporator must sign.
Signature of one General Partner. If Florida Limited Partnership or Limited Liabilit	by Limited Partnership
Signatures of <u>ALL</u> General Partners.	y Emilieu i artiferanto.
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)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Path finder Solutions Grov (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liab	oility Company is:
Principal Office Address:	Mailing Address:	
5001 Bridge # St Unit 1413 Tampa FL 33611	Same	
Tampa FL 33611		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the respective services and the Florida street address of the respective services.	ered Agent. You must designate an individu	
<u>Sean Drake</u> Name		
Scol Bridge St Florida street address (P.O.	Box NOT acceptable)	
Tam.24	FI 336]]	
Tampa City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete po accept the obligations of my position as regi	this certificate, I hereby accept the ty. I further agree to comply with erformance of my duties, and I an istered agent as provided for in Co	e appointment as the provisions of all a familiar with and
XMM D	Anh	•
Registered Agent's Signa	ature (REQUIRED)	-
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(CONTINU	JED)	<del></del>

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

Title:	
"AMBR" = Authorized Member "MGR" = Manager	
m G R	Stan Drake
	Sool Bridge St Unit 1
	Tampa 5-6 33611
<del></del>	
<del></del>	
Use attachment if necessary)	
(Use attachment if necessary)  LE V: Other provisions, if any.	
•	
LE V: Other provisions, if any.	Mahr
REQUIRED SIGNATURE:  Signature of a member or: This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am awarment to the Department of State constitutes a third degree
Signature of a member or any false information submitted in a docur as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am awarment to the Department of State constitutes a third degree
Signature of a member or any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am awarment to the Department of State constitutes a third degree