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| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

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COVER LETTER

| | New Filing Division of | f Corporations | | | | | |
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| SUBJE | <i>€</i> ECT: | ATTER ATIA | 5 INTERNA | Tional | Technology \$ | LC | |
| | | (Name of | Resulting Florida Lim | ited Comp | pany) | | |
| The en | closed Artic | eles of Conversion, A nto a "Florida Limited | rticles of Organizat | ion, and | fees are submitted to | convert a | |
| Please | return all co | orrespondence concer | ning this matter to: | | | | |
| | JOANN | FeTers (Contact Person) | | _ | | | |
| | | | | | | | |
| ATI | las In | (Firm/Company) | ochnology se | ervice | s IM. | | |
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| 50 | 23 N. | Peninsula Dr (Address) | , ste 2 | _ | | | |
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| , | JOAnn @ | Orp. ATlas- | fe.com | | | | |
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| | | ation concerning this | · | | | | |
| J | OAnn 1 | OLTUS ontact Person) | at (_386 |) 31 | 3-8316 | | |
| | (Name of Co | ontact Person) | (Area Code |) (Dayt | ime Telephone Number) | _ | |
| | | k for the following an on a bank located in t | | processe | ed by this office must | be payab | le in US |
| (S25 for | .00 Filing Fee Conversion for Articles nization) | s S155.00 Filing Fed and Certificate of Status | es S180.00 Filing and Certified Co | • | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status | EE CAE | 2021 NOV 24 |
| | P.O. Box 6 | Section Corporations | | New F Division The Co 2415 N | Address: iling Section on of Corporations entre of Tallahassee J. Monroe Street, Suit | C 33 | TILED 10V24 AMII:48 |

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: ATIAS INTERNATIONAL Technology Services Free. (Enter Name of Other Business Entity) |
|---|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a Troc (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc. |
| First organized, formed or incorporated under the laws of Flor: da (Enter state, or if a non-U.S. entity, the name of the country) |
| on 12-19-2016 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: ATLAS TENTERNATURAL Technology LLC. |
| ATIAS INTERNATIONAL Technology LLC (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: 7-22-21 (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. |

P1600099829

| Signed this 22 day of 11 | 20 <i>21</i> |
|---|-----------------------------|
| Signature of Authorized Representative of L | imited Liability Company: |
| Signature of Authorized Representative: Printed Name: JoAna Peters | Title: <u>C 00</u> |
| Signature(s) on behalf of Other Business Entit | |
| Signature: | |
| Printed Name JOAAA PETERS | Title: <u>C 0 0</u> |
| Signature: | |
| Signature:Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, If Directors or Officers have not been selected, at | |
| Triplectors of Officers have not occur selected, at | ir meorporator must sign. |
| If Florida General Partnership or Limited Lia Signature of one General Partner. | bility Partnership: |
| Signature of one General Farmer. | |
| If Florida Limited Partnership or Limited Lia Signatures of ALL General Partners. | bility Limited Partnership: |
| All others: Signature of an authorized person. | |
| Fees: | |

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Articles of Conversion:

Certificate of Status:

Fees for Florida Articles of Organization: Certified Copy: RELINOV 24 MILL: 48

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ATIAS INTERNATIONAL Technology LLC.

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

| <i>52</i> 3 | N. | Penins | sula D | ۰۲. |
|-------------|-----|--------|--------|-------|
| STe | 2 | | | |
| DayTon | a B | catch | FL | 32/18 |

Mailing Address:

| 523 | N. | fenin | rsula | Dr. |
|--------------------------|--------|-------|-------|-------|
| STe | ಎ | | | |
| DayTo | 1a. B. | each. | FL | 37/18 |
| $\overline{\mathcal{J}}$ | • | | | |

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:

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)

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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 AMBQ | John Peters 523 N. Peninsala Dr. ste 2 Daytona Beach, FL 32118 | | | | | | |
| | | | | | | | |
| | ZOZI NOV | | | | | | |
| (Use attachment if necessary) | 24 MII: 49 ASSEE, FLORIDA | | | | | | |
| ARTICLE V: Other provisions, if any. | DRIDA | | | | | | |
| REQUIRED SIGNATURE: | | | | | | | |
| This document is executed in accordance | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware that nent to the Department of State constitutes a third degree felony | | | | | | |
| JOANN DETER | 3 | | | | | | |
| Тур | Joann Deters 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)