[7100)513580

(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:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
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12/03/21--01009--014 **47.59

10/26/21--01022--022 **137.50

COVER LETTER

TO:	New Filing S Division of C				
SHR	JECT: PEGASA	•			
SOB	JEC1	(Name of Res	sulting Florida Lir	nited Cor	mpany)
			~		nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Pleas	se return all corr	espondence concernin	g this matter to	:	
Robe	ert Turner				
		(Contact Person)			
PEG	ASAT LLC				
		(Firm/Company)		_	
7512	Doctor Phillips B	oulevard, Suite 50			
		(Address)			
Orlan	ndo, Florida 32819	Э			
	. (1	City, State and Zip Code)		_	
rtume	er@pegasat.com				
E-	mail Address: (to b	e used for future annual re	port notifications))	
For f	urther informati	on concerning this ma	tter, please call	l:	
Robe	ert Turner		_at (<u>301</u>	_\ 841-	0214
	(Name of Conta	act Person)	(Area Coc	le) (Da	ytime Telephone Number)
		for the following amou a bank located in the	•	proces	sed by this office must be payable in US
(\$25 f & \$12	50.00 Filing Fees for Conversion 25 for Articles ganization)	□\$155.00 Filing Fees and Certificate of Status	\$180.00 Filiand Certified C	_	S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				New Divis	et Address: Filing Section Sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

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: PEGASAT LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability 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
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: PEGASAT LLC
(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.) 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 21st day of November	
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Rhon	TU Faran
Printed Name: Robert W. Turner	Title: President
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name: Susan E. Turner	
Printed Name: Susan E. Turner	Title: CEO
*	
Signature:	
Printed Name:	Title:
Simotura	
Signature:	Title:
Timed Name.	Time.
Signature:	
Signature:	Title:
Signature:Printed Name:	TPIAL
Printed Name:	1 iiie:
Signature:	
Printed Name:	Title:
If Florida Corporation:	0.00
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others	
All others: Signature of an authorized person.	
poson.	
Fees:	
And Inc. of Comment	626.00
Articles of Conversion:	\$25.00 \$125.00
Fees for Florida Articles of Organization: Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
Comment of States.	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PEGASAT LLC					
	(Must contain the words "Limited L	iability Company, "L.L.C.," or "LLC.")			
ARTICLE II - The mailing add		ne principal office of the Limited Liability	y Company is:		
Principal Office Address:		Mailing Address:			
7512 Doctor Phillips Boulevard		7512 Doctor Phillips Boulevard			
Suite 50	· · · · · · · · · · · · · · · · · · ·	Suite 50			
Orlando, Florida	32819	Orlando, Florida 32819			
business entity with	an active Florida registration.)	ered Office, & Registered Agent's Sign Registered Agent. You must designate an individual or the registered agent are:			
business entity with		Registered Agent. You must designate an individual or			
business entity with	an active Florida registration.) ne Florida street address of Robert Turner	Registered Agent. You must designate an individual or			
business entity with	an active Florida registration.) ne Florida street address of Robert Turner	Registered Agent. You must designate an individual or the registered agent are:			
business entity with	an active Florida registration.) ne Florida street address of Robert Turner 10950 Boca Pointe Drive	Registered Agent. You must designate an individual or the registered agent are:			
business entity with	an active Florida registration.) ne Florida street address of Robert Turner 10950 Boca Pointe Drive	Registered Agent. You must designate an individual or the registered agent are:			
business entity with	an active Florida registration.) ne Florida street address of Robert Turner 10950 Boca Pointe Drive Florida street address	Registered Agent. You must designate an individual or the registered agent are: Name (P.O. Box NOT acceptable)			

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Susan E. Turner
	10950 Boca Pointe Drive
	Orlando, FL 32836
MGR	Robert W. Turner
	10950 Boca Pointe Drive
	Orlando, FL 32836
	2721 6.27
	F
	
(Use attachment if necessary)	
	ഗ ————————————————————————————————————
	4
ARTICLE V: Other provisions, if any.	
The number of shares of stock is: 1,000,000. So	usan E. Turner owns 510,000 shares or 51% of the company.
Robert W. Turner owns 490,000 shares or 49%	of the company.
REQUIRED SIGNATURE:	
Plan	with at

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)