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

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SECKETANT DI STATE
TALLAHASSEE, FLORIDA

K. SALY JUN - 9 2022

COVER LETTER

Division of Corporations	
SUBJECT: SoftDsk LLC	
(Name o	of Resulting Florida Limited Company)
	Articles of Organization, and fees are submitted to convert an "Other ed Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence conce	erning this matter to:
Demetrios Sapounas	
(Contact Person)	
(Firm/Company)	
PO Box 651172	
(Address)	
Sterling, VA 20165	
(City, State and Zip C	ode)
ds@softdsk.com	
E-mail Address: (to be used for future ann	ual report notifications)
For further information concerning this	s matter, please call:
Demetrios Sapounas	at (⁷⁰³) 581.3492
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following a dollars and drawn on a bank located in	amount: (All checks processed by this office must be payable in US in the United States)
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	
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 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: New Filing Section

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.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: oftDsk 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.)
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fi	rst organized, formed or incorporated under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
on	17 November 2008
٠	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Sc	oftDsk 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
No	e date this document is filed by the Florida Department of State.) ste: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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 29	day of <u>April</u>	20 <u>22</u>	FILED
Signature of Auth	orized Representative of	Limited Liability Company:	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Signature of Author Printed Name: <u>Dem</u>	orized Representative:	Tale: Mánaging Director	2022 MAY -3 PM 4: 2 SECRETARY OF STATE TALLAHASSEE, FLORIDA
		ity: [See below for required signa	
Signature:	metrios Sapounas	Title: Managing Direc	tor
		Title:	
Signature: Printed Name:		Title:	
		Title:	
Signature: Printed Name:		Title:	
Signature:		Title:	
If Florida Corpora Signature of Chairn		r, or Officer.	
If Florida General Signature of one Ge	Partnership or Limited Li eneral Partner.	ability Partnership:	
If Florida Limited Signatures of ALL		ability Limited Partnership:	
All others: Signature of an auth	norized person.		

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees:

Articles of Conversion:

Certificate of Status:

Certified Copy:

Fees for Florida Articles of Organization:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SoftDsk LLC	HISTORY OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER	
(Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address o	the principal office of the Limited Liability Com	pany is:
Principal Office Address:	Mailing Address:	
3808 Creek Woods Drive	PO Box 5963	
Plant City, FL 33563	Plant City, FL 33563	
ARTICLE III - Registered Agent, Reg	istered Office & Registered Agent's Signature	
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its over business entity with an active Florida registration.) The name and the Florida street address	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are:	: 3 m
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	n Registered Agent. You must designate an individual or another	きまって
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(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	of the registered agent are: Name	FILL .
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address of the Demetrios Sapounas 3808 Creek Woods Dr	of the registered agent are: Name	FILL 21
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address of the Demetrios Sapounas 3808 Creek Woods Dr	of the registered agent are: Name	FILL 21

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)

ARTICLE IV-

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

"AMBR" = Manager AMBR Demetrios Sapounas PO Box 5963 Plant City, FL 33563 (Use attachment if necessary) CLE 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 tha any false information submitted in a document to the Department of State constitutes a third degree felor as provided for in s.817,155, F.S. Demetrios Sapounas Typed or printed name of signee	<u>Title:</u>	Name and Address:
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Typed or printed name of signee		
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)