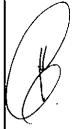


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

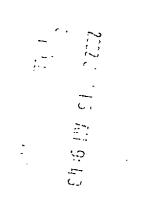
Office Use Only



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05/18/02-01010 001 •=159.00



COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: CloudPost Management LLC	
	Resulting Florida Limited Company)
The enclosed Articles of Conversion, A Business Entity" into a "Florida Limited	rticles of Organization, and fees are submitted to convert an "Othe I Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concern	ning this matter to:
Alexander Henningsen	
(Contact Person)	
(Firm/Company)	<u> </u>
12469 Gulfstream Blvd. (Address)	
Port Charlotte, FL 33981	
(City, State and Zip Code	e)
alex.henningsen@gmail.com	
E-mail Address; (to be used for future annual	report notifications)
For further information concerning this r	natter, please call:
Alexander Henningsen	at (913) 244-3195
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following am dollars and drawn on a bank located in the	nount: (All checks processed by this office must be payable in US no United States)
\$150.00 Filing Fees \$25 for Conversion & \$125 for Articles of Organization)	s = \$\sum \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$
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

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: CloudPost 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.)
Kansas
First organized, formed or incorporated under the taws of
September 24, 2021
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
CloudPost Management 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 /3 ^[7] day of	20 <u>22 .</u>
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:	
Signature of Authorized Representative: Wie O Printed Name: Alexander Henningsen	Title: Manager and Sole Member
Signature(s) on hehalf of Other Business Entity:	
Signature: Nijo Printed Name: Alexander Henningsen	
Printed Name: Alexander Henningsen	Title: Manager and Sole Member
re .	
Signature:Printed Name;	Title:
Trinca Name.	
Signature:	
Signature:Printed Name:	Title:
Signatura	
Signature:Printed Name:	Title:
Signature:Printed Name:	m: 1
Printed Name:	Intle:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In-	
	•
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
lf Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
A H . d	
All others: Signature of an authorized person,	
nghature of an authorized person,	
rees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5,00 (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CloudPost Management 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 Comp Principal Office Address: Mailing Address: 12469 Gulfstream Blvd Port Charlotte, FL 33981 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	any is:
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Comp Principal Office Address: Mailing Address: 12469 Gulfstream Blvd Port Charlotte, FL 33981 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	any is:
The mailing address and street address of the principal office of the Limited Liability Comp Principal Office Address: Mailing Address: 12469 Gulfstream Blvd Port Charlotte, FL 33981 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	any is:
Principal Office Address: 12469 Gulfstream Blvd Port Charlotte, FL 33981 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	any is:
12469 Gulfstream Blvd Port Charlotte, FL 33981 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	
Port Charlotte, FL 33981 Port Charlotte, FL 33981 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	
Port Charlotte, FL 33981 Port Charlotte, FL 33981 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	
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:	
Curin Hanningson	
Suyin Henningsen Name	
12469 Gulfstream Blvd	
Florida street address (P.O. Box NOT acceptable)	
Port Charlotte FL 33981	
City Zip	

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..

Suyi / Jenneger

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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	Alexander Henningsen
	12469 Gulfstream Blvd
	Port Charlotte, FL 33981
	
(Hen attachment if magazage)	
(Use attachment if necessary)	
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(Use attachment if necessary) LE V: Other provisions, if any.	
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LE V: Other provisions, if any.	2/
	2/
LE V: Other provisions, if any. REQUIRED SIGNATURE:	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document.	with section 605.0203 (1) (b), Florida Statutes. I am aware th
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware th
Signature of a member or a This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S. Alexander Henningsen	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the nent to the Department of State constitutes a third degree felocoed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)