# UZZ000443675

(Requi	estor's Name)	
(Addre	ess)	
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(City/S	itate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nam	e)
(Docur	ment Number)	<u>-</u>
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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LLAHASSEE, FLOR

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# **CORPORATE** ACCESS, \_\_\_\_\_

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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	CERTIFIED COPY	·		
XX	РНОТОСОРУ			
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XX	FILING	CONV	ERSION	
_	(CORPORATE NAME AND D			
-	(CORPORATE NAME AND D	OCUMENT #)		
-	(CORPORATE NAME AND D	OCUMENT #) OCUMENT #)		

#### **Articles of Conversion**

For

## "Other Business Entity"

Into

### Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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:
PRIME INTELLECT LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws ofIndiana
(Enter state, or if a non-U.S. entity, the name of the country)
on April 30, 2020
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
PRIME INTELLECT 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.

,	
Signed this day of <u>October</u>	20_22
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:	member
Printed Name: Joshua Petty	litle:
Signature(s) on behalf of Other Business Entity:	
Signature: Joshua Petty Printed Name: Joshua Petty	
Printed Name: Joshua Petty	Title: Member
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
e:	
Signature:	m'u
Printed Name:	little:
Signature:	
Printed Name:	Title:
Three Halles	
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
TOPI 11 O IP I I I I I I I I I I I I I I I I I	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	to I instead Danks such to .
Signatures of ALL General Partners.	
orginatures of ADD General Fatthers.	•
All others:	
Signature of an authorized person.	
1	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00 \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
waters or disapply.	vo.vo (Optional)

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	is:		
PRIME INTELLECT	T LLC		
(Must contain the words "Limited Liab	ility Company,	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal of	ice of the Limited L	iability Company is:
Principal Office Address:	Mailing	Address:	
401 W Atlantic Ave Suite R10 Unit #256	·	W Atlantic Ave Suit Unit #256	e
Delray Beach, FL 33444		y Beach, FL 33444	
The name and the Florida street address of the  Joshua Petty  Nar		gent are:	
401 W Atlantic Ave		Init #256	
Florida street address (P.			
Delray Beach	FL	33444	
City		Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as r	in this certifi acity. I furth e performand egistered ago	cate, I hereby accept er agree to comply w ee of my duties, and I	t the appointment as vith the provisions of all ' am familiar with and
Registered Agent's Sig	gnature (RE	QUIRED)	

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager AMBR	Name and Address:  Joshua Petty		
<del></del>			
<del>.</del>			
(Use attachment if necessary)			
LE V: Other provisions, if any.			

/S/ Joshua Petty

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.

Joshua Petty

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)\_\_\_