Laa000 451854

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

Office Use Only



100395843871

S. CHATHAM OCT 2 1 2022

22 OCT 21 AH 9: 25 2022 OCT 21 ACHTE

COVER LETTER

TO:	New Filing S Division of C					
SURT	ECT: IAS Sen	vices, LLC				
SODS	EC1		sulting Florida Limit	ed Com	npany)	
			_		d fees are submitted to convert an "Oth coordance with s. 605.1045, F.S.	CI
Please	return all corr	espondence concernin	g this matter to:			
Micha	et Narlinger					
		(Contact Person)		•		
c/o Sil	verman Scherm	er, PLLC				
•		(Firm/Company)				
401 E.	Las Olas Blvd.,	Suite 1400				
		(Address)				
		(**************************************				
		C': 5: 17: 0 t)				
Fort 1		City, State and Zip Code)				
	auderdale, FL 33					
E-n	nan Address: (to t	e used for future annual re	port notifications)			
For fu	rther informati	on concerning this ma	tter, please call:			
mtsujir	noto@brookline	ig.com	449	. 3A	12 - 2054	
	(Name of Conta	act Person)	(Area Code)	(Day	12 - 2054 time Telephone Number)	
		for the following amou a bank located in the	int: (All checks p		sed by this office must be payable in US	3
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles inization)	□\$155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassec, I	ection Corporations 17		New F Divisi The C 2415 I	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: I2000000195
REFERENCE	: 065808 8284021
AUTHORIZATION	: Spulle man
COST LIMIT	: \$ 150.00.
ORDER DATE : October 20, 2022	
ORDER TIME : 9:11 AM	
ORDER NO. : 065808-010	
CUSTOMER NO: 8284021	
FOREIGN F	'ILINGS
NAME: IAS SERVICES,	LLC
CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY	YY
XXXX AMENDMENT/CONVERSION	
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STA	ANDING

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

22 0CT 21 AH 9:

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: IAS Services, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
07/20/2011 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
IAS Services, 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 30 day of September	_20 <u>22</u> .
Signature of Authorized Representative of Limit	
Signature of Authorized Representative:	Title Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	Title: Manager
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

22 OCT 21 AM 9: 25

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

IAS Services, LLC			
(Must contain the words "Limited Li-	ability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of th	ne principal office of the Limited Liability Comp	any is	:
Principal Office Address:	Mailing Address:	22	01V1:
c/o Silverman Schermer, PLLC	c/o Silverman Schermer, PLLC	0	250
401 E. Las Olas Blvd., Suite 1400	401 E. Las Olas Blvd., Suite 1400	\Box	O. 55 전 145 전 145 E 145
Fort Lauderdale, FL 33301	Fort Lauderdale, FL 33301	OCT 21	유글
business entity with an active Florida registration.) The name and the Florida street address of t Steven J. Schermer	the registered agent are:	9: 25	CKEOKATIONS CKEOKATIONS
N	lame		
401 E. Las Olas Blvd., Sui	ite 1400		
	P.O. Box NOT acceptable)		
Fort Lauderdale	FL 33301		
City	Zip		
Having been named as registered agent ar	nd to accept service of process for the above stated ed in this certificate, I hereby accept the appointme	d limite	'ed

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Minhael Markaga
WOK	Michael Narlinger 401 E. Las Olas Blvd., Suite 1400
	Fort Lauderdale, FL 33301
	Tort Cauderdate, TE 33301
-	
· · · · · · · · · · · · · · · · · · ·	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	122_
/M	
/h	
Signature of a member or a	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 felor
Signature of a member or a This document is executed in accordance any false information submitted in a document	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, Lamaware the

ARTICLE IV-