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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
.d Copies	_ Certificates	of Status
and Instructions to	Filing Officer:	

Office Use Only



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S. CHATHAM DEC - 6 2022

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SECRETARY OF STATE CORPORATION OF STATE

2022 DEC -6 AF

RECEIVED

COVER LETTER

TO:	New Filing S Division of C				
SHRI	ECT: Socius N	•			
3000		(Name of Res	sulting Florida Limito	d Con	npany)
					d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please	return all corr	espondence concernin	g this matter to:		
		(Contact Person)			
Regist	ered Agent Solu	itions, Inc.			
		(Firm/Company)			
155 O	FFICE PLAZA C	DR., SUITE A			
		(Address)			
TALLA	HASSEE FL, 3	2301			
	(1	City. State and Zip Code)			
E-n	nail Address: (to b	e used for future annual re	port notifications)		
For fu	rther informati	on concerning this ma	tter, please call:		
	(Name of Conta	act Person)	_at () (Area Code)	(Day	time Telephone Number)
		for the following amou		ocess	ed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles nization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing I and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7] [New F Divisi The C	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

CORPORATE ACCESS, _

When you need ACCESS to the world

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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	PIC	CK UP:	MISTY 12/6	ninge.	
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XX	РНОТОСОРУ				
	CUS				
XX	FILING	CON	VERSION		
1. 2.	SOCIUS MARKETING (CORPORATE NAME AND DOC				
۷.	(CORPORATE NAME AND DOC	UMENT #)			
3.	(CORPORATE NAME AND DOC	UMENT #)			
4.	(CORPORATE NAME AND DOC	UMENT #)			
5.	(CORPORATE NAME AND DOC	UMENT #)	 .		
6.	(CORPORATE NAME AND DOC	UMENT #)	<u> </u>		
SPECIA INSTRU	L ICTIONS:				
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Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

SECRETARY OF STATE DIVISION OF CORPORATION

22 DEC -6 PM 7: 35

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: Socius Marketing, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
July 15, 2002 on .
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Socius Marketing, 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 2nd day of December	20_22
Signature of Authorized Representative	e of Limited Liability Company:
Signature of Authorized Representative: Printed Name: Lisa Storey	0. 20
Signature of Authorized Representative:	Tista Congress Counced
rifilled Name: Lisa Storey	Tittle: General Courses
Signature(s) on behalf of Other Business	Entity: See below for required signature(s)
Q : 352	Title: General Counsel
Signature:	Tide: General Councel
Printed Name: Lisa Storey	Titte: General Coursei
Signature:	
Printed Name:	Title:
Signature:	Title:
rrinted Name:	1 itie:
Signature:	
Printed Name:	Title:
Signature:	Title:
Printed Name:	Title:
Signature	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Dir	
If Directors or Officers have not been select	ted, an Incorporator must sign.
If Florida General Partnership or Limite	d Liability Partnership
Signature of one General Partner.	d Enablity 1 at the tamp.
If Florida Limited Partnership or Limited	d Liability Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All othors	
All others: Signature of an authorized person.	
organitate of all addictized person.	
Fees:	
Articles of Conversion:	\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status: SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Socius Marketing, LLC			
	ed Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of	f the principal office of the Limited Liability	y Compa	any is:
Principal Office Address:	Mailing Address:		
Island Center	Island Center		
2701 N. Rocky Point Drive	3701 N. Booley Point Drive		
270114. ROOKY FOIDLE DIVE	2701 N. Rocky Point Drive		
Tampa, FL 33607 ARTICLE III - Registered Agent, Res	Tampa, FL 33607	atures	JSE SEC
Tampa, FL 33607 ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	Tampa, FL 33607 gistered Office, & Registered Agent's Sign wn Registered Agent. You must designate an individual or of the registered agent are:	200EC-6 PM	SECRETARY OF DIVISION OF CORPO
Tampa, FL 33607 ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.)	Tampa, FL 33607 gistered Office, & Registered Agent's Sign wn Registered Agent. You must designate an individual or of the registered agent are:	anoth C	SECRETARY OF ST DIVISION OF CONFIGNA
Tampa, FL 33607 ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	Tampa, FL 33607 gistered Office, & Registered Agent's Sign wn Registered Agent. You must designate an individual or of the registered agent are:	anoth C	SECRETARY OF STATE DIVISION OF CONFCRATION
Tampa, FL 33607 ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	Tampa, FL 33607 gistered Office, & Registered Agent's Sign wn Registered Agent. You must designate an individual or of the registered agent are: utions, Inc. Name	anothEC -6 PM 7:	SECRETARY OF STATE DIVISION OF CORPCINATIONS
Tampa, FL 33607 ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its of business entity with an active Florida registration.) The name and the Florida street address Registered Agent Solution 155 Office Plaza Dr., 2	Tampa, FL 33607 gistered Office, & Registered Agent's Sign wn Registered Agent. You must designate an individual or of the registered agent are: utions, Inc. Name	anothEC -6 PM 7:	SECRETARY OF STATE DIVISION OF CORPERATIONS
Tampa, FL 33607 ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its of business entity with an active Florida registration.) The name and the Florida street address Registered Agent Solution 155 Office Plaza Dr., 2	Tampa, FL 33607 gistered Office, & Registered Agent's Sign with Registered Agent. You must designate an individual or of the registered agent are: utions, Inc. Name STE. A	anothEC -6 PM 7:	SECRETARY OF STATE DIVISION OF CORPCINATIONS

egistered 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..

Adam Saldana, Assistant Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	EverCommerce Solutions Inc.
	3601 Walnut Street, STE 400
	Denver, Colorado 80205
	
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CLE V: Other provisions, if any.	
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REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware th
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document in a docum	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware th

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)