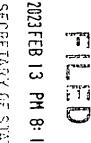
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

то:	New Filing ! Division of 0	Section Corporations							
SUBJ	ECT: FIBERS	SPRUNG LLC							
		(Name of Re	sulting Florida I	imited Co	лирапу)				
The er Busine	iclosed Articless Entity" int	es of Conversion, Arti o a "Florida Limited L	cles of Organi liability Comp	zation, a pany" in	and fees are submaceordance with	nitted to ce s. 605,104	mvert an 45. F.S.	r"Othe	er
Please	return all cor	respondence concernir	ng this matter	to:					
Anthon	y Morales								
		(Contact Person)							
MyUSA	Corporation.co	om 							
		(Firm/Company)							
1 Radis	sson Plaza, Sui	ite 800							
		(Address)							
New Ro	ochelle, NY 108	801							
	(City, State and Zip Code)		·					
info@m	nyusacorporatio	on.com							
E-ma	ail Address: (to b	oe used for future annual re	port notification	s)					
For fur	ther informati	ion concerning this ma	itter, please ca	11:					
Anthon	y Morales		_at (<u>877</u>	,330-	-2677				
	(Name of Conta	act Person)		ode) (Da	ytime Telephone Nt	ımber)			
Enclose dollars	ed is a check f and drawn on	for the following amou a bank located in the	int: (All check United States	ts proces)	ssed by this office	e must be	payable	in US	
(\$25 for	.00 Filing Fees Conversion or Articles ization)	☐S155.00 Filing Fees and Certificate of Status	S180.00 Fill and Certified		□\$185.00 Filing Certified Copy, a Certificate of Sta	ind			
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			New Divis The C	et Address: Filing Section sion of Corporation Tentre of Tallaha N. Monroe Stree	ssee	SECRETARY OF TALLAHASSI	2023 FEB 13 PM		

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.

FIBERSPRUNG 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)
05/15/2018 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: FIBERSPRUNG 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.
5. 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.

D23FEB 13 PM 8: 19
ECRETARY OF STATE

Signed this 7th day of February	20 <u></u>
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Printed Name: Spencer Gavin Hering	Title: Member
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Printed Name: Spender Gavin Hering	Title: Member
Signature:	
Printed Name:	_ Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Simoton.	
Signature:Printed Name:	Title:
Signature:	124
Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	
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)

FILL IN 19 2023 FEB 13 PM 8: 19 SECRETARY CE STATI

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Company is	S:				
FIBERSPRUNG LLC					
(Must contain the words "Limited Liabil	lity Company.	"L.L.C.," or "L.E.C.")			
ARTICLE II - Address: The mailing address and street address of the p	orincipal o	fice of the Limite	ed Liability Company is:		
Principal Office Address:	Mailing Address:				
5350 Ocean Beach Blvd, Unit 206	5350 Ocean Beach Blvd, Unit 206				
Cocoa Beach. FL 32931	Cocoa	Beach, FL 32931			
The name and the Florida street address of the Zachary Schulze Nam		agent are:			
5350 Ocean Beach Blvd, Uni					
Florida street address (P.C		T acceptable)			
Cocoa Beach	FL.	32931			
City		Zip			
Having been named as registered agent and to liability company at the place designated is registered agent and agree to act in this capastatutes relating to the proper and complete accept the obligations of my position as re	in this certi city. I furti performan gistered ap	ficate. I hereby ac her agree to comp we of my duties, a gent as provided fo	cept the appointment as ly with the provisions of all nd I am familiar with and		
Registered Agent's Sig	1		200 S.E.		
Registered Agent's Sig		EQUIRED)	FILED 1023 FEB 13 PM 8: 19 SECRETARY OF STATE TALLAHASSEE, FL		

ARTICLE IV-

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

,
nit 206
- i

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.

Spencer Gavin Hering			4.5	~ `
Typed or p	printed	I name of signee	100 101 101 101 101 101 101 101 101 101	2023 -
	Filing	<u>t Fees</u>	- 完	-11
\$125.00 Filing Fee for Articles of Orga	nizati	on and Designation of	Registered	Agen
\$ 30.00 Certified Copy (Optional)	S	5.00 Certificate of St:	itus (Opti o	na���
			SS 0	P