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(Re	equestor's Name)	
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(Ac	ldress)	
(Ci	ty/State/Zip/Phone #)	<u> </u>
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PICK-UP	WAIT	MAIL
(D)	usiness Entity Name)	
J o J	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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S. CHATHAM

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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: ZZE Next Level Carriers Enterprise LLC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Luis Alberto Mateu Jr (Contact Person) 27E Next Level Carriers Enterprise LLC (Firm/Company)
(Firm/Company)
3050 Station Square
Missinner FL. 34744 (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person) at (689) 253-1209 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
S150.00 Filing Fees (\$25 for Conversion & S125 for Articles of Organization) S150.00 Filing Fees and Certified Copy & S185.00 Filing Fees and Certified Copy & Certified Copy, and Certificate of Status
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

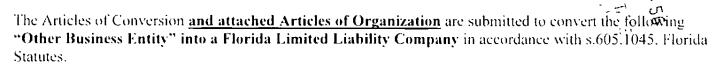
Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company



1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: 22 F Next Level Carriers Enterprise LLC (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>himited hability Company</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc
First organized, formed or incorporated under the laws of
on 10/22/22 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
ZZE Next Level Carriers Enterprise 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 19^{19} day of $April 20 23$			
Signature of Authorized Representative of Limited Liability Company:			
Signature of Authorized Representative: June 44 D. Printed Name: Luis Alberto Matro 72 Title: Outler Mark			
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]			
Signature: <u>Just Plates D</u> Printed Name: <u>Luis Alberto Morteo JR</u> Title: <u>LIGR</u>	_		
Signature: Printed Name:Title:	_ _		
Signature: Title:	<u>-</u> -		
Signature:	_		
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 Incorporator must sign.		2023 APR 19	ra-y
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.	-:	HV 61	. 1
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of <u>ALL</u> General Partners.		10: 56	**************************************
All others: Signature of an authorized person.			
Fees:			
Articles of Conversion: \$25.00			

Articles of Conversion:
Fees for Florida Articles of Organization:
Certified Copy:
Certificate of Status: \$125.00

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Lia	bility Company is:				
ZZE N (Must contain th	ext Level Car e words "Limited Liability	riers Fr Company, "L.IC	terprise	Limited	Licibilit Compani
ARTICLE II - Address: The mailing address and stre	ret address of the prin	ncipal office (of the Limited	Liability Con	npany is:
Principal Office Address:		Mailing Ad	<u>dress:</u>		
3050 Station S Missimmer FL, 34	quare 144	3050 Yissim	Station	<u>Squar</u> 34744	
ARTICLE III - Registered (The Limited Liability Company cambusiness entity with an active Florida The name and the Florida str	ot serve as its own Register registration.)	red Agent. You m	nust designate an in	dividual or anothe	r
	Name 3050 Station street address (P.O.	Mateu	Jr_		7077 APR 19
	· .			.3	A 5
	Kussinnee City	FL 7	<u>34144</u> Zip	: 17,	<u>გ</u>
Having been named as reg liability company at the registered agent and agree	place designated in t	his certificate	r. Thereby acce	ept the appoint	ment as

(CONTINUED)

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.

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Luis Alberto Mater JR 3050 Station Square Rissimmee FL 34744
	2023 APR 19
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	4.6 p
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony

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)