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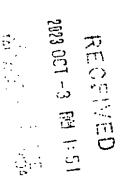
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM OCT - 4 2023



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	_
CHARA SOFTWARE LLC	— ₁
150	
Please Debit FCA000000003 For: 150	
Thank you Seth Neeley	
1451	
- Holy	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawat
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
/ .	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature //	Vehicle Search
	Driving Record
Requested by: SETH	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Chara Software, LLC		
	sulting Florida Limite	ed Company)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li	•	on, and fees are submitted to convert an "Othe" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:	
Romy B. Jurado		
(Contact Person)		
Jurado & Associates, P.	A.	
(Firm/Company)		
10800 Biscayne Boulevard	Suite 850	
(Address)		
Miami, FL 33161		
(City, State and Zip Code)		
romy@juradolawfirm.co	m	
E-mail Address: (to be used for future annual re	port notifications)	
For further information concerning this ma	tter, please call:	
Andrea Aristeiguieta	at (305)	921-0976
(Name of Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the		ocessed by this office must be payable in US
□ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing F and Certified Copy	<u> </u>
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314) 1 2	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

INHS11 (7/17)

For "Other Business Entity" Into

Articles of Conversion Florida Limited Liability Company $\ddot{\omega}$

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: Chara Software LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Texas (Enter state, or if a non-U.S. entity, the name of the country)
on 12/22/2015 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Chara Software, 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 03 day of October	20 <u>23</u>	
Signature of Authorized Representative of Limit		
Signature of Authorized Representative: Printed Name: Brian Martino	Title: Authorized Member	
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]	
Signature:		
Printed Name: Brian Martino	Title: Authorized Member	
Signature		
Signature: Printed Name:	Title:	
Signature:		
Printed Name:	Title:	7.7
Signatura		2027 007
Signature:Printed Name:	Title:	
		(-)
Signature:		7279
Printed Name:	Title:	7.77
Signatura:		දි:
Signature: Printed Name:	Title:	. 5
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or C		
If Directors or Officers have not been selected, an Inc	corporator must sign.	
If Florida General Partnership or Limited Liabilit	tu Partnarchin	
Signature of one General Partner.	T at the ship.	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00	

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

Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Chara Si	oftware, LLC		
	Aust contain the words "Limite		" or "LLC.")	
			,,	
ARTICLE II - A The mailing addre		of the principal office	of the Limited	I Liability Company is:
Principal Office		Mailing Ad		,
4589 Woodwind D		4589 Woody		
Destin FL 32541			· · · >	
			336.1.:	
business entity with a	Company cannot serve as its on active Florida registration.) e Florida street address			on J
		Name	<u></u>	· · · O1
	10800 Bisca	yne Boulevard Suite 850		
		ess (P.O. Box NOT ac	ceptable)	
	Miami	FL	33161	
	City		Zip	
liability com registered agen statutes relati	pany at the place designt and agree to act in the proper and conditions of my positions.	nated in this certificate is capacity. I further a mplete performance of	e, I hereby acc gree to comply my duties, an as provided fo	v with the provisions of al d I am familiar with and
	(Ce	ONTINUED)		

Doc ID: 75b8c6463b7b4b65bcc35c1d29b735115cce757e

<u> Title:</u>	Name and Address:			
"AMBR" = Authorized Member "MGR" = Manager AMBR	Brian Martino 4589 Woodwind Dr			
				Destin Ft 32541
	 			
Use attachment if necessary)				
TRANSIA CONTRACTOR				
LE V: Other provisions, if any.				
REQUIRED SIGNATURE:				
<u> </u>	Aut T			
	120 V L _ /			

ARTICLE IV-