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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:	
Conversion	
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Office Use Only



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SUBJECT: OptiNet Solutions, LLC (Name of Resulting Florida Limited Company)
(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:
Jose Alejandro Alcantara
(Contact Person)
(Firm/Company)
5428 W. Dean Rd
(Address)
(Address) Oilando FL 32817 (City, State and Zip Code) OPTINETSOISTIONS 2 @ amail. ian E-mail Address: (to be used for future annual report notifications)
(City, State and Zip Code)
OPTIDETSOISTIONS 2 @ amail. can
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Jose Alejandro Alantara at (786) 683 1631 (Name of Contact Person) (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)
\$\times \text{S150.00 Filing Fees} \text{Certified Copy} and Certificate of Status} \$\times \text{S155.00 Filing Fees} \text{and Certified Copy} \text{Certified Copy, and Certificate of Status}
Mailing Address: New Filing Section Street Address: New Filing Section

New Filing Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

INHS11 (7/17)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO: New Filing Section Division of Corporations

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
ALL Sky Drone, Inc. (Enter Name of Other Business Entity)
(Line) Hame of Other Dubiness Simily)
2. The "Other Business Entity" is a TNC.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Floricia (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
on $12/22/2017$
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
OptiNet Solutions LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 64/15/2024 (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days afte 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

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this day of	20 <i>94</i>		
Signature of Authorized Representative of Lim	ited Liability Company:		
Signature of Authorized Representative: Multipliation Printed Name: Jose Alejandro Alcantard Title: MEP			
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]		
Signature: Juillie hus le Printed Name: Jose Alejandro Alconto	Title: President		
Signature:			
Signature:Printed Name:	Title:		
Signature:Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:			
Signature:	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 Liabili	to Danta and to		
Signature of one General Partner.	tv Partnersnip:		
If Donida I imited Donton and in a Victoria AVI and			
<u>If Florida Limited Partnership or Limited Liabili</u> 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)		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Optinet Solutions LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is
Principal Office Address: Mailing Address:
5428 N. Dean Rd 5428 N. Dean Rd Orlando FL 32817 Orlando FL 32817
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Jose Alejanchro Alcantora Name
5428 N. Dean Rd
Florida street address (P.O. Box NOT acceptable)
<u>Orlando</u> FL 32817 City Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment a registered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relating to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Apent's Signature (REQUIRED)
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-	•,	
The name and address of each person	authorized	to mai

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 <u>MGP</u>	Sox Alejandro Alcanton 5428 N. Dean Rd Orlando FL 32817
	
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:/	
- Mindelfalle	
V V / Signature of a member or a	n authorized representative of a member
This document is executed in accordance v	with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
Jose Alejandro A	1/container
Тур	ed or printed name of signee Filing Fees
\$105.00 Pitting Process of the con-	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)