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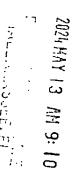
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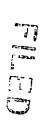
Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: CX PONDION (Name of Resulting F	Jorida Limited Company)
The enclosed Articles of Conversion, Articles of Gusiness Entity" into a "Florida Limited Liability	Organization, and fees are submitted to convert an "Other Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this r	natter to:
Faith Rowell (Contact Person) (Firm/Company)	motive
3016 Horden DIVO	
(City, State and Zip Code) E-mail Address: (to be used for future annual report not	33803 Womofile · INFO
For further information concerning this matter, ple	ease call: 8(3), 40) - 9222
	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (Al dollars and drawn on a bank located in the United	Il checks processed by this office must be payable in US States)
	80.00 Filing Fees Certified Copy Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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.

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.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
(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:
1867 N Cristal lane or 3000 Harden blyd langeland Fi 33801 Janeland Fi 33803
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:
Faith (+OWELL
Name
1807 N Crystal lake Dr Florida street address (P.O. Box NOT acceptable)
laneland FL 33801
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 as registered 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 Registered Agent's Signature (REO) (RED)
i i i

Δ	RT	Γ	F.	IV.

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager La Ca Ca	Foith Power 1860 N Cristal lake Dr
MOR	Shahazz Carswell 1800 N Cristal Jane or Janelana Fi 3380
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	
	;; ⊆
REQUIRED SIGNATURE:	H H
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony
<u> </u>	HOWELL

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)

Signed this 30 day of April 20 24
Signature of Authorized Representative of Limited Liability Company:
Signature of Authorized Representative: Foith Towell Authorized Representative: Foith Title: CEO
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature:
Signature: Auth De Printed Name FOID DOWN Title: CEO
Signature: Printed Name:Title:
Signature: Printed Name: Title:
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 Incorporator must sign.
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.
All others: Signature of an authorized person.
Fees:
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: \$25.00 \$30.00 (Optional) \$5.00 (Optional)