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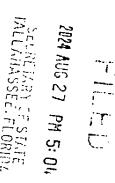
(Requestor's Name)
(Address)
(Address)
(1000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Coordinate Charles)
(5)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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08/27/24--01029--006 **150.00



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 Artic Global GIS Data Services LLC	les of Conversion is:
(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, comm	on law or business trust, etc.)
First organized, formed or incorporated under the laws of	e name of the country)
12/09/2009 on .	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Art	ticles of Organization:
Global GIS Data Services LLC	
(Enter Name of Florida Limited Liability Company)	
(The effective date: Cannot be prior to date of receipt or filed date nor more than 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 datecument's effective date on the Department of State's records. 5. The plan of conversion has been approved in accordance with all applicable statutes.	ate will not be listed as the
11	
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisable which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	isal rights the amount to 2024 AUG 27 PH

Signed this 14th	day of August	20 <u>24</u> .	
Signature of Autho	rized Representative o	f Limited Liability Company:	
Signature of Author Printed Name: Lorin T	ized Representative: <u>Ø</u> Pruett	Title: President	
Signature(s) on beh:	alf of Other Business Er	ntity: See below for required sign	gnature(s)]
Signature: Jou	m Due &	Title: President	
rimed Name, Long	Tibell	Title. Trestern	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Printed Name:		Title:	
<u>If Florida Corporat</u>			
	n, Vice Chairman, Direc	tor, or Officer.	
		, an Incorporator must sign.	
If Florida General F	Partnership or Limited 1	Liability Partnership:	
Signature of one Gen			
If Florida Limited F	Partnership or Limited I	Liability Limited Partnership:	
Signatures of <u>ALL</u> G	eneral Partners.		
All others:			
Signature of an author	orized person.		
Fees:			
Articles of C	onversion:	\$25.00	

\$125.00

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

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: NT WHY SEE TO BE STORE

4 AUG 27 PH 5: 01

• • •

(Must contain the words "Limited Liability Company, "L.L.C." or "L.L.C.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company Principal Office Address: Mailing Address: Mailing Address: 4424 Tuscaloosa Path The Villages 32163 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 husiness entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Lorin T Pruett Name 4424 Tuscaloosa Path Florida street address (P.O. Box NOT acceptable) The Villages FL 32163 City Zip Having been named as registered agent and to accept service of process for the above stated litability company at the place designated in this certificate. I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provisions statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.3 Registered Agent's Signature (REQUIRED) (CONTINUED)	ARTICLES OF ORGANIZATION FOR	R FLORIDA LIMITED LIABI	LITY COMPANY
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Registered Agent's Signature (REQUIRED) (CONTINUED) (CONTINUED)	liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple accept the obligations of my position as	ed in this certificate, I hereby accepto accepto active. I further agree to comply ete performance of my duties, and a registered agent as provided for	pt the appointment as with the provisions of all I am familiar with and in Chapter 605, F.S.
ORIGINAL STATES OF THE STATES			

ARTICLE IV-

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	Laste T Deven
AMBR	Lorin T Pruett
	4424 Tuscaloosa Path, The Villages 32163
	
Use attachment if necessary)	
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REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member 1
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member 1
REQUIRED SIGNATURE: Signature of a member or: This document is executed in accordance any false information submitted in a docur	an authorized representative of a member 1
Signature of a member or	AHC. SS

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)