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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:
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COVER LETTER

TO: New Filing S Division of C				
SUBJECT. A.S.K. C	ABLE COMMUNICATIO	ONS LLC		
SUBJECT.		sulting Florida Limi	ed Com	pany)
				I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:		
KENYA JACKSON				
	(Contact Person)		•	
ASK COBIE	(Firm/Company)	US IUC		
8725 NW 49TH DRIVE	Ξ			
	(Address)	<u> </u>	-	
CORAL SPRINGS, FL	. 33067			
	City, State and Zip Code)		-	
KENYA@ASKCABLE	СОММ.СОМ			
E-mail Address: (to b	e used for future annual re	port notifications)	-	
For further informati	on concerning this ma	tter, please call:		
KENYA JACKSON		_at (<u>954</u>	605-1	441
(Name of Conta	ict Person)	(Area Code)	(Dayt	ime Telephone Number)
	or the following amou a bank located in the	•	rocesse	ed 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 and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add New Filing So Division of C P.O. Box 632	ection orporations 7		New F Division	Address: iling Section on of Corporations entre of Tallahassee
Tallahassee, F	FL 32314		2415 N	I. Monroe Street, Suite 810

Tallahassee, FL 32303

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.

 The name of the "Other Business Entity" immediately prior to the filing of the Arti A.S.K. CABLE COMMUNICATIONS INC. 	icles of Conversion is:
(Enter Name of Other Business Entity)	_
2. The "Other Business Entity" is a CORPORATION (Enter entity type. Example: corporation, limited partnership, general partnership, com	mon law or business trust, etc.)
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, to	the name of the country)
JUNE 10, 2003 (date of organization, formation or incorporation)	SS 20
3. The name of the Florida Limited Liability Company as set forth in the attached At A.S.K. CABLE COMMUNICATIONS LLC	SECRETARY THE PROPERTY OF THE
(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 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 of document's effective date on the Department of State's records.	i 90 calendar days after

- 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.

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:

\$25.00 \$125.00

\$30.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nat	me:		
The name of the Li	imited Liability Company	is:	
	MUNICATIONS LLC		<u>.</u>
(Mı	ust contain the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad The mailing addres		e principal office of the Limi	ted Liability Company is:
Principal Office A	Address:	Mailing Address:	
8725 NW 49TH DRI	IVE	8725 NW 49TH DRIVE	
CORAL SPRINGS F	L 33067	CORAL SPRINGS FL 33	067
The name and the	8725 NW 49TH DRIVE	ame	AUG 21 PH 2: 10 RETARY OF STATE
		P.O. Box <u>NOT</u> acceptable)	
	CORAL SPRINGS City	FL 33067 Zip	
liability comp registered agent statutes relating	any at the place designate and agree to act in this cag to the proper and completing tions of my position as	nd to accept service of processed in this certificate, I hereby a pacity. I further agree to compete performance of my duties, a registered agent as provided of the competence of the confidence of the confidenc	occept the appointment as ply with the provisions of all and I am familiar with and

(CONTINUED)

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		
AMBR	KENYA JACKSON	
	8725 NW 49TH DRIVE	
	CORAL SPRINGS, FL 33067	
AMBR	ORLANDO CAMEJO	
	4737 SW 183RD AVE	
	MIRAMAR, FL 33029	
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(Use attachment if necessary)	<u></u>	0
CLE V: Other provisions, if any.		
-	···	
	- :	
DECLIDED CLONATUDE.		
REQUIRED SIGNATURE:		
1/ //		

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

KENYA JACKSON

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)