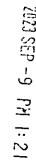
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |
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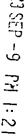
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COVER LETTER

| Division of C | orporations | | | | |
|--|---|-------------------|-------------|--|--------------------------------------|
| SUBJECT: Our Path | ways Technology, LLC | | | | |
| 30B3EC1 | | sulting Florida I | imited Cor | mpany) | |
| | s of Conversion, Artic a "Florida Limited Li | • | | | d to convert an "Other 05.1045, F.S. |
| Please return all corr | espondence concernin | g this matter | to: | | |
| C. Ken Carter, Jr | | | | | |
| | (Contact Person) | | | | |
| Our Pathways Techno | logy, LLC | | | | |
| | (Firm/Company) | | | | |
| 5995 Golden Nettle Dr | | | | | 202 |
| | (Address) | | | | |
| Apollo Beach, FL 3357 | '2 | | | | 2023 SEP -9 |
| ((| City, State and Zip Code) | | | | |
| ken.carter@ourpathwa | ys.com | | | | |
| E-mail Address: (to b | e used for future annual re | port notification | ns) | | PH 1:2 |
| For further informati | on concerning this ma | tter, please ca | ıll: | | |
| Ken Carter | | at (404 | 915- | 1637 ytime Telephone Numbe | |
| (Name of Conta | act Person) | (Агеа С | ode) (Da | ytime Telephone Numbe | er) |
| | or the following amount a bank located in the | | s) · | sed by this office mi | |
| (\$25 for Conversion & \$125 for Articles of Organization) | and Certificate of Status | and Certified | | Certified Copy, and Certificate of Status | |
| Mailing Add | | | | t Address: | |
| New Filing S Division of C | | | | Filing Section ion of Corporations | |
| P.O. Box 632 | | | | Centre of Tallahasse | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section

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 Article Our Pathways Technology, LLC | s of Conv | ersio/ | n is: |
|---|----------------|-------------------|----------------------------|
| (Enter Name of Other Business Entity) | | | |
| Limited Liability Company 2. The "Other Business Entity" is a | | | |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common | ı law or bus | in es s tr | rust, etc.) |
| First organized, formed or incorporated under the laws of | | 3 S:1 | ~··, |
| (Enter state, or if a non-U.S. entity, the | name of the | countr | y)· • · · |
| 02/26/2018 | 55 | 9 | **.;* |
| (date of organization, formation or incorporation) | 07.33 07.33 | P.C | \$ \$ \$ 74 cm \$ cm |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Artic | les of Oc | ganiz | |
| Our Pathways Technology, 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 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 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 4th day of September, 2024 | 20 | | |
|---|--|--|----------|
| Signature of Authorized Representative of Limi | ted Liability Company: | | |
| Signature of Authorized Representative: Can Verinted Name: Carl Kendrick Carter, Jr. | Title: CTO / Founder | _ | |
| Signature(s) on behalf of Other Business Entity: [| See below for required signature(s)] | | |
| Signature: Carl Kendrick Carter, Jr. | | | |
| Printed Name: Carl Kendrick Carter, Jr. | Title: CTO / Founder | _ | |
| Signature:Printed Name: | | _ | |
| Printed Name: | Title: | _ | |
| Signature: | | _ | |
| Printed Name: | Title: | — | 2023 |
| Signature:Printed Name: | | | 3 SE |
| Printed Name: | Title: | | יסי ו |
| Signature:Printed Name: | | - SS - SS - OSS | 5 |
| Printed Name: | _ Title: | | PH I: |
| Signature: | | <u>; </u> | 5 |
| Printed Name: | Title: | _ | • |
| lf Florida Corporation: | | | |
| Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc. | | | |
| | | | |
| If Florida General Partnership or Limited Liabilit Signature of one General Partner. | ty Partnership: | | |
| - | | | |
| If Florida Limited Partnership or Limited Liabilit Signatures of ALL 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:

| Our Pathways Technology, LLC (Must contain the words "Limit | ed Liability Company, "L.L.C.," or "LLC.") | |
|---|--|--------|
| ARTICLE II - Address: | | |
| The mailing address and street address of | of the principal office of the Limited Liability Compan | ıy is: |
| Principal Office Address: | Mailing Address: | |
| 5995 Golden Nettle Dr. | 235 Apollo Beach Blvd, PMB #510 | |
| Apollo Beach, FL 33572 | Apollo Beach, FL 33572 | |
| The Limited Liability Company cannot serve as its o | gistered Office, & Registered Agent's Signature; own Registered Agent. You must designate an individuallor another | |
| | own Registered Agent. You must designate an individuallor another of the registered agent are: | |
| The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) | own Registered Agent. You must designate an individuallor another of the registered agent are: | 1940 |
| The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address | of the registered agent are: | |
| The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address | of the registered agent are: | |
| The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address C. Ken Carter, Jr. 5995 Golden Nettle D | of the registered agent are: | |
| The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address C. Ken Carter, Jr. 5995 Golden Nettle D | of the registered agent are: Name Name | |

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 (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

| 4 3 4 75 75 11 4 4 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 | |
|--|---|
| AMBR" = Authorized Member | |
| MGR" = Manager | C. Kan Cartan In |
| AMBR | C. Ken Carter, Jr. |
| | 5995 Golden Nettle Dr. |
| | Apollo Beach, FL 33572 |
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| E V: Other provisions. if any. | OF STATE OF |
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| E V: Other provisions. if any. | |
| REQUIRED SIGNATURE: | at f. |
| E V: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document in a do | |
| E V: Other provisions. if any. REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. C. Ken Carter, Jr | an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am aware ment to the Department of State constitutes a third degree fe |
| E V: Other provisions. if any. EQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. C. Ken Carter, Jr | an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware |