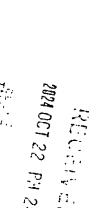
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(2)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Filone #/
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900438283439



CT CORP (850) 656-4724 3458 lakesore Drive Tallahassee, FL 32312

10/22/2024

D	ate:	10/22/2024	172 W: () W	
	•	Acc#I201600000	4: C) V	
Name:	SUMMIT	TECH PARTNERS L	LC	
Document #:				
Order #:	1592641	0	2524	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			J J. J	.]:
Apostille/Notarial Certification:		Country of Destination	n:	
Filing:	Certifi Plain: COGS		Email Address for Annual Report Notific	cations
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amou	nt:\$ 180.00		

Thank you!

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Summit Tech Partners LL	.c	
(Nam	c of Resulting Florida Limite	ed Company)
	-	on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence con	cerning this matter to:	2.724 C.J.L
Daniel S. Makoski		(T)
(Contact Person	1)	10
Porzio, Bromberg & Newman		:
(Firm/Company	у)	;
100 Southgate Parkway		
(Address)		
Morristown, New Jersey 07962		
(City, State and Zip	Code)	
Dsmakoski@pbnlaw.com		
E-mail Address: (to be used for future a	nnual report notifications)	
For further information concerning t	this matter, please call:	
Daniel S. Makoski	at (⁹⁷³	626-3629
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the followin dollars and drawn on a bank located	• •	rocessed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	T	——————————————————————————————————————
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

Summit Tech Partners LLC .	Conversion is.
(Enter Name of Other Business Entity)	ر <u>ن</u> بحق
2. The "Other Business Entity" is a	(3)
2. The "Other Business Entity" is a	or business trust, etc.
First organized, formed or incorporated under the laws of	· · · · · · · · · · · · · · · · · · ·
(Enter state, or if a non-U.S. entity, the name	of the country)
05/24/2016 on .	
(date of organization, formation or incorporation)	
 The name of the Florida Limited Liability Company as set forth in the attached Articles of Summit Tech Partners LLC 	i Organization:
(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 cale 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 adocument'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 16th day of	October	2024		
Signature of Authorized Re	presentative of Limit	ed Liability Company:		
Signature of Authorized Repr Printed Name: Lisa Gange	esentative:	Title Authorized Member		
Signature(s) on behalf of Oth	er Business Entity: [S	See below for required signature(s)]		
Signature: Michael Gange		Title: Member		
Signature: Printed Name: Lisa Gange	inge	Title: Member		r-2
Signature:Printed Name:	·····	Title:		2024 007
Signature:Printed Name:		Title:		¿?
Signature:Printed Name:		_Title:	****	()
Signature:		77.1		
Printed Name:		_ Title:		
If Florida Corporation: Signature of Chairman, Vice C If Directors or Officers have no				
If Florida General Partnersh Signature of one General Partn		y Partnership:		
If Florida Limited Partnersh Signatures of ALL General Pa		y Limited Partnership:		
All others: Signature of an authorized per	son.			
Fees:				
Articles of Conversio Fees for Florida Artic Certified Copy: Certificate of Status:		\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Summit Tech Partners LLC		_			_
(Must contain the words "Limit	ed Liability Con	npany, "	L.L.C.," or "LL	C.")	
ARTICLE II - Address: The mailing address and street address	of the princi	pal off	ice of the Li	mited Liability	Company is:
Principal Office Address:	<u>M</u>	ailing	Address:		
192 Spinnaker Drive, Vero Beach, FL 329	<u>Sa</u> <u>Sa</u>	ame as	Principal Of	fice	
ARTICLE III - Registered Agent, Ro (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	own Registered	Agent. Y	ou must design	l Agent's Sign ate an individual or	ature:
CT Corporation 5	System				ر. حي
	Name				. 1.
1200 South Pine	sland Road				
Florida street addı	ess (P.O. Bo	x <u>NO</u>	Γ acceptable	2)	
Plantation		FL	33324		
City			33324 Zip		s Signature:
Having been named as registered ag liability company at the place desi registered agent and agree to act in the statutes relating to the proper and co accept the obligations of my posit	gnated in this his capacity. omplete perfo ion as registe	s certij I furth orman ered ag	icate, I here er agree to ce of my dut ent as provi	by accept the a comply with the ies, and I am fa ded for in Chap	ppointment as provisions of all miliar with and
Ob-Hil-				sident	
Registered Age	nt's Signatu	re (RE	QUIRED)		

(CONTINUED)

A	RT	Γ	E I	W
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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		
AMBR	Lisa Gange	
	192 Spinnaker Drive	
	Vero Beach, FL 32963	
		: <u>}</u>
		7
		Ť
		. 3
		:
(Use attachment if necessary)		
•		~1
ICLE V: Other provisions, if any.		
REQUIRED SIGNATURE:		
(10)		
TWW GONG		
This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware the ament to the Department of State constitutes a third degree felo	at ny
Lisa Gange		
	yped or printed name of signee	
	Filing Fees	
\$125.00 Filing Fee for Articles	of Organization and Designation of Registered A	gen

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)