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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:	7

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Netti Solutions LLC			
SUBJECT:(Name of F	Resulting Florida Li	nited Company)	-
The enclosed Articles of Conversion, Art Business Entity" into a "Florida Limited			
Please return all correspondence concern	ing this matter to	:	
Matthew Brunetti			
(Contact Person)		_	
Netti Solutions LLC			
(Firm/Company)			
800 SE Elwood Ave			
(Address)		_	
Port Saint Lucie, FL 34983			
(City, State and Zip Code	 ?)	_	
matthew_brunetti@hotmail.com			
E-mail Address: (to be used for future annual	report notifications	_	
For further information concerning this n	natter, please cal	:	
Matthew Brunetti	at (_571	213-2177	
(Name of Contact Person)	(Area Co	e) (Daytime Telephone Number)	-
Enclosed is a check for the following am dollars and drawn on a bank located in the		processed by this office must b	be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$155.00 Filing Fees and Certificate of Status	s S180,00 Fili and Certified C		
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	810 60 E S 10

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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.

1. The name of the "Other Business Entity" immediately prior to the filling of the Articles of Conversion is:
(Enter Name of Other Business Form)
2. The "Other Business Entity" is a Single-Member LLC
2. The "Other Business Entity" is a Single-Member LLC (Enter entity type. Example: corporation, finded partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Commonwealth of Virginia
First organized, formed or incorporated under the laws of Commonwealth of Virginia (Emer state, or if a non-U.S. emity, the name of the country) on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of 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 calendar days after Note: If the date inserted in this block they not mark the date.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
The plan of conversion has been approved in accordance with all applicable statutes.
o. 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



o' 11' 70	l Contont	20. 44	
Signed this 7th	day of <u>September</u>	20 	
	rized Representative of Lim		
Signature of Author Printed Name: Matthe	ized Representative:	Title: Owner	<u> </u>
Signature(s) on beh	alf of Other Business Entity:	[See below for required signature(s)]	
Signature:	ATTHEW BRUNETTI	Title: OWNER -	= AUTHORIZED PEPDESENTATI
Signature:	<u></u>	Title:	
Signature: Printed Name:		Title:	<u> </u>
Signature:Printed Name:		Title:	
Signature:			
Printed Name:		Title:	_
Signature:		Title:	 .
rrinted Name:		Title.	
	<u>ion:</u> un. Vice Chairman, Director, or ers have not been selected, an In		
If Florida General I Signature of one Ger	Partnership or Limited Liabil neral Partner.	ity Partnership:	
If Florida Limited I Signatures of ALL C	Partnership or Limited Liabil Jeneral Partners.	ity Limited Partnership:	
All others: Signature of an author	orized person.		
Fees:			

\$25.00

\$125.00

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

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Netti Solutions LLC

(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:
800 SE Elwood Ave	800 SE Elwood Ave
Port Saint Lucie, FL 34983	Port Saint Lucie, FL 34983

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

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:

Na	<u></u>
144	iiic
800 SE Elwood Ave	
Florida street address (P	.O. Box <u>NOT</u> acceptable
Port Saint Lucie	FL 34983
City	Zip

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:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Matthew Brunetti
	800 SE Elwood Ave
	Port Saint Lucie, FL 34983
(Use attachment if necessary)	
LE V: Other provisions, if any,	
	ш
DEALIDED SIGNATURE.	
REQUIRED SIGNATURE:	

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.

Matthew Brunetti

Typed or printed name of signee

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
S 30.00 Certified Copy (Optional)
S 5.00 Certificate of Status (Optional)