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(Requestor's Name)
(Address)
(Address)
(* (dd1033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Coomess Links, Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

Division of Corporations	
SUBJECT: Conversion of Leverzon Dispato	ch LLC from Ohio LLC to Florida LLC
	esulting Florida Limited Company)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L	cles of Organization, and fees are submitted to convert an "Otho Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concernin	ng this matter to:
VICTOR ALENCAR ALMEIDA	
(Contact Person)	
LEVERZON DISPATCH LLC	
(Firm/Company)	
470 W BROAD ST UNIT 1048	. ~
(Address)	
COLUMBUS, OH 43215	eport notifications)
(City, State and Zip Code)	
VTR9426@GMAIL.COM	
E-mail Address: (to be used for future annual re-	eport notifications)
For further information concerning this mat	(ఎ
VICTOR ALENCAR ALMEIDA	at (⁷⁸⁶) 332-9426
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the U	unt: (All checks processed by this office must be payable in US United States)
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
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 "Other Business Entity" into a Florida Limited Liability Company	
Statutes.	in accordance with 3.005.1045, 1 forida
1. The name of the "Other Business Entity" immediately prior to the fil LEVERZON DISPATCH LLC	 ling of the Articles of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general	partnership, common law 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)
06/14/2022 on	
(date of organization, formation or incorporation)	
 The name of the Florida Limited Liability Company as set forth in th 	e attached Articles of Organization:
LEVERZON DISPATCH LLC	K03/
(Enter Name of Florida Limited Liability Company)	600.
4. If not effective on the date of filing, enter the effective date:	PH I
The effective date: Cannot be prior to date of receipt or filed date n	or more than 90 calendar days after
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 reconstruction of State's records.	quirements, this date will not be listed as the
5. The plan of conversion has been approved in accordance with all app	licable statutes.
 The "Converted or Other Business Entity" has agreed to pay any member which such members are entitled under ss. 605.1006 and 605.1061-605. 	rs having appraisal rights the amount to 1072, F.S.

Signed this 30 day of OCTOBER	20_24	
Signature of Authorized Representative of Lim	nited Liability Compa	ny:
Signature of Authorized Representative: Afictor Printed Name: VICTOR ALENCAR ALMEIDA	Alexan Almedo Title: PRESIDENT	
Signature(s) on behalf of Other Business Entity:	[See below for require	d signature(s)
Signature: Along Akid. Printed Name: VICTOR ALENCAR ALMEIDA	Title: PRESIDENT	
Signature:Printed Name:	Title:	
Signature:Printed Name:		
Signature:Printed Name:		
Signature: Printed Name:	Title:	
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	(; -,
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership	<u>):</u>
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)	

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ARTICLE I - Name: The name of the Limited Liability Company is: LEVERZON DISPATCH 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: 2121 Biscayne Blvd 2121 Biscayne Blvd Unit 1011 Unit 1011 Miami, FL 33137 Miami, FL 33137 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 business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: LEVERZON TECHNOLOGY LLC Name 2121 Biscayne Blvd Unit 1011 Florida street address (P.O. Box NOT acceptable) Miami City 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.,

(CONTINUED)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	LEVERZON TECHNOLOGY LLC
	2121 Biscayne Blvd #1011
	Miami, FL 33137
(Use attachment if necessary)	

REQUIRED SIGNATURE:

Victor Alenco Alminh

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.

VICTOR ALENCAR ALMEIDA

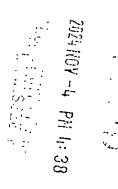
Typed or printed name of signee

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)

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show LEVERZON DISPATCH LLC, an Ohio Limited Liability Company, Registration Number 4881906, was organized in the State of Ohio on June 14, 2022, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 30th day of October, A.D. 2024.



Ohio Secretary of State

La the

Validation Number: 202430404166



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form to convert an "Other Business Entity" into a "Florida Limited Liability Company" pursuant to section 605.1045, Florida Statutes. These forms are basic and may not meet all conversion needs. The advice of an attorney is recommended.

Pursuant to s. 605.0102(23)a, F.S., entity means: a business corporation. a nonprofit corporation, a general partnership, including a limited liability partnership, including a limited partnership; including a limited liability company; a real estate investment trust; or any other domestic or foreign entity that is organized under an organic law.

Filing Fees: \$150.00 (\$25 for Articles of Conversion and

\$125 for Articles of Organization)

Certified Copy (optional): \$30.00

Certificate of Status (optional): \$5.00

Send one check in the total amount payable to the Florida Department of State.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

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

For further information, you may contact the New Filing Section at (850) 245-6052.

Important Notice: As a condition to the conversion, pursuant to s.605.0212(9), F.S., each party to the conversion must be active and current through December 31 of the calendar year this document is being submitted to the Department of State for filing.

INHS11 (7/17)