114000506845

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

Office Use Only



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2024 DEC -9 AM 9: 47

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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 12/9/2024

PRIORITY Regular Approval

OUR REF # (O

132<u>782</u>9

ORDER ENTITY

DISTRIBUTED WEBSITE CORPORATION

PLEASE PERFORM THE FOLLOWING SERVICES:
DISTRIBUTED WEBSITE CORPORATION (FL)

File the attached conversion and subsquent articles of organziation and provide a certified copy as evidence.

NOTES:

\$180.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and couner package if applicable. For UCC orders, please include the thru date on the results.

Monday, December 9, 2024 Page 1 of 1

COVER LETTER

TO: New Filing S Division of C							
	•						
SUBJECT: Distribu	(Same of Ru	sulting Florida Limi	ad Com	nanyi	_		
	(Name of Res	anti antora timi	iea Cum	pany)			
	es of Conversion, Artic o a "Florida Limited Li						Г
Please return all corr	respondence concernin	g this matter to:					
Jordan Viera							
	(Contact Person)		-			2	
Nelson Mullins Riley 8	ß Scarborough, LLP				<u> </u>	024	
	(Firm/Company)		-		1	DEC	-
201 17th Street NW					至:	i I	Î
	(Address)		=		155	-	í
Atlanta, GA 30363					ش ^د .	2024 DEC -9 AM 9: 47	
(City, State and Zip Code)	• • • • • • • • • • • • • • • • • • • •	-		77	÷.	
jordan.viera@nelsonn	nullins.com				ריין	7	
E-mail Address: (to l	be used for future annual re	port notifications)	-				
For further informat	ion concerning this ma	tter, please call:					
Jordan Viera		_at (<u>404</u>	322-6	000			
(Name of Cont	act Person)	(Area Code)	(Dayt	ime Telephone Number)			
	for the following amount a bank located in the		rocesso	ed by this office must b	oe payabl	e 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		_1\$185.00 Filing Fees. Certified Copy, and Certificate of Status			
Mailing Add				Address:			
New Filing S				iling Section			
Division of C P.O. Box 633				on of Corporations entre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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 filing of t Distributed Website Corporation	the Articles of Conversion is:
(Enter Name of Other Business Entity)	
The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership.)	77. L.1
(Enter entity type. Example: corporation, limited partnership, general partnersh	nip, common law or business trust reter
First organized, formed or incorporated under the laws of	S G F
(Enter state, or if a non-U.S	entity, the name of the country)
July 21, 2017	9: 47 E.FL
(date of organization, formation or incorporation)	5
3. The name of the Florida Limited Liability Company as set forth in the attac	ched Articles of Organization:
Distributed Website, 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 mo-	
the date this document is filed by the Florida Department of State.)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	its, this date will not be listed as the
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.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Lim	ited Liability Company	is:		
Distributed Website, LI	_C			
(Must e	contain the words "Limited Lia	hility Company, "L.L.C.," or "LL.C.";)	
ARTICLE II - Addi The mailing address a		e principal office of the Limi	ted Liability Company is:	
Principal Office Add	dress:	Mailing Address:		
550 North Reo Street Suite 300 Tampa, FL 33609 ARTICLE III - Reg	istered Agent, Registe	550 North Reo Street Suite 300 Tampa, FL 33609 red Office, & Registered A	2024 DEC - Signature: 5	
(The Limited Liability Computer business entity with an acti		egistered Agent, You must designate a	an individual oramother	7
The name and the Flo	orida street address of th	ne registered agent are:	9: 47 STATE ES FL	٧
<u>Ir</u>	ncorp Services, Inc.		F 7	
	N	ame		
3	458 Lakeshore Drive			
	Florida street address (I	P.O. Box <u>NOT</u> acceptable)		
Т	allahassee	FL ³²³¹²		
	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.,

Heather Glenn on behalf of InCorp Services, Inc.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

James Rosenstock

ARTICLE IV-

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

Name and Address:				
2080 Media, Inc. 2990 Brandywine Road, Suite 300 Atlanta, GA 30341				
2024 DEC				
SEE FL				
1''				

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)