12500016983

| (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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| |
| Special Instructions to Filing Officer: |

Office Use Only



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2025 JAN 10 PH 3:

BECHIVED



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Cheyanne at 850-202-1882

| Date:_ | 01/10/2025 | | |
|----------|--------------------------------------------------------------|--------------|--------------|
| Name: | Cheyanne Davis | : | 2 025 |
| Refere | nce #: 2603941 | | 2025 JAN 10 |
| Entity I | Name: GLOBAL OPERATIONS SERVICES II, LLC | <u>``</u> رن | |
| V | Articles of Incorporation/Authorization to Transact Business | 日本 | 14:6 33 |
| | Amendment | | |
| | Change of Agent | | |
| | Reinstatement | | |
| √ | Conversion | | |
| | Merger | | |
| | Dissolution/Withdrawal | | |
| | Fictitious Name | | |
| | Other | | |
| | | | |
| Author | ized Amount: \$150.00 | | |
| Signat | ure: Chupma Paine | | |

+44 (0)20.3961.3080

COVER LETTER

TO: New Filing Section Division of Corporations Global Operations Services II, LLC SUBJECT: (Name of Resulting Florida Limited Company) The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all correspondence concerning this matter to: Danielle Teague (Contact Person) (Firm/Company) PO Box 159 (Address) Thonotosassa, FL 33592 (City, State and Zip Code) daniellet@apexinternationalsas.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: at (919) 884-7858 (Area Code) (Daytime Telephone Number) Danielle Teague (Name of Contact Person) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) ☐\$180.00 Filing Fees ☐\$185.00 Filing Fees, □\$155.00 Filing Fees S150.00 Filing Fees Certified Copy, and and Certificate of and Certified Copy (\$25 for Conversion Certificate of Status & \$125 for Articles Status of Organization) Street Address: Mailing Address: New Filing Section New Filing Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

| | 202 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| The Articles of Conversion and attached Articles of Or | rganization are submitted to convert the following |
| "Other Business Entity" into a Florida Limited Liabi | lity Company in accordance with s.605.1045, Florida |
| Statutes. | 5 5 |
| 1. The name of the "Other Business Entity" immediately Global Operations Services | , LLC \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| (Enter Name of Other Busine | ss Entity) |
| 2. The "Other Business Entity" is a | SS Entity) Limited Liability Company |
| (Enter entity type. Example: corporation, limited pa | utnership, general partnership, common law or business trust, etc.) |
| min to the state of the state o | North Carolina |
| First organized, formed or incorporated under the laws of | Enter state, or if a non-U.S. entity, the name of the country) |
| 03/28/2011 | |
| 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: |
| Global Operations Services | |
| (Enter Name of Florida Limited Liabi | lity Company) |
| 4. If not effective on the date of filing, enter the effective | ve date: |
| (The effective date: Cannot be prior to date of receip | t or filed date nor more than 90 calendar days after |
| the date this document is filed by the Florida Depart | ment of State.) |
| Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records. | statutory filing requirements, this date will not be listed as the |
| 5. The plan of conversion has been approved in accorda | nce with all applicable statutes. |
| 6. The "Converted or Other Business Entity" has agreed to which such members are entitled under ss. 605.1006 an | pay any members having appraisal rights the amount to d 605.1061-605.1072, F.S. |

Signed this 16 day of DECEMBER Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative: Printed Name: Greg E. Lindberg Manager Title: Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Signature: __ Greg E. Lindberg Title: Printed Name: _____ Title: __ Printed Name:_____ Printed Name:_____ Signature: ____ Title: _____ Printed Name:_____ Signature: ____ Title: _____ Printed Name:_____ Signature: ___ Title: _____ Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others: Signature of an authorized person. Fees:

Articles of Conversion: \$25.00
Fees for Florida Articles of Organization: \$125.00
Certified Conv. \$30.00 (

Certified Copy: \$30.00 (Optional)

Certificate of Status: \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Li | | | |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| | Global Operations Se | ervices II, LLC | : . |
| (Mu | st contain the words "Limited Liabilit | y Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Ad | ldress: | | <u> </u> |
| | | rincipal office of the Limited Liabi | lity Compar |
| Principal Office A | ddress: | Mailing Address: | [25] |
| | | | |
| 10652 Br | oadland Pass | PO BOX 159 | f+1 |
| Thonotose | ssa, FL 33592 | Thonotosassa, FL 33592 | ignature: |
| Thonotose ARTICLE III - R (The Limited Liability C business entity with an | egistered Agent, Registere ompany cannot serve as its own Regis active Florida registration.) | Thonotosassa, FL 33592 d Office, & Registered Agent's S nered Agent. You must designate an individua | ignature: |
| Thonotose ARTICLE III - R (The Limited Liability C business entity with an | egistered Agent, Registered | Thonotosassa, FL 33592 d Office, & Registered Agent's S nered Agent. You must designate an individual | ignature: |
| Thonotose ARTICLE III - R (The Limited Liability C business entity with an | egistered Agent, Registered ompany cannot serve as its own Registerity Florida registration.) Florida street address of the | Thonotosassa, FL 33592 d Office, & Registered Agent's S nered Agent. You must designate an individual registered agent are: LOBAL INC. | ignature: |
| Thonotose ARTICLE III - R (The Limited Liability C business entity with an | egistered Agent, Registered ompany cannot serve as its own Registeries of the conference of the confer | Thonotosassa, FL 33592 d Office, & Registered Agent's S sered Agent. You must designate an individual registered agent are: LOBAL INC. | ignature: |
| Thonotose ARTICLE III - R (The Limited Liability C business entity with an | egistered Agent, Registered ompany cannot serve as its own Registerive Florida registration.) Florida street address of the COGENCY G | Thonotosassa, FL 33592 d Office, & Registered Agent's S nered Agent. You must designate an individual registered agent are: LOBAL INC. ne | ignature: |
| Thonotose ARTICLE III - R (The Limited Liability C business entity with an | egistered Agent, Registered ompany cannot serve as its own Registerive Florida registration.) Florida street address of the COGENCY G Nam 115 North Calhou | Thonotosassa, FL 33592 d Office, & Registered Agent's S nered Agent. You must designate an individual registered agent are: LOBAL INC. ne | ignature: |

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..

Kathryn Christener, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| itle: | Name and Address: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AMBR" = Authorized Member | |
| MGR" = Manager | Greg E. Lindberg |
| MGR | 10652 Broadland Pass |
| | Thonotosassa, FL 33592 |
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| Use attachment if necessary) | |
| Use attachment if necessary) E V: Other provisions, if any. REQUIRED SIGNATURE: | |
| E V: Other provisions, if any. | |
| REQUIRED SIGNATURE: | |
| REQUIRED SIGNATURE: Signature of a member of the proceedings of the p | r an authorized representative of a member ce with section 605.0203 (1) (b). Florida Statutes. I am aware nument to the Department of State constitutes a third degree fe |
| REQUIRED SIGNATURE: Signature of a member o This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S. | r an authorized representative of a member ce with section 605.0203 (1) (b). Florida Statutes. I am aware furment to the Department of State constitutes a third degree fe |
| REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S. | ce with section 605.0203 (1) (b), Florida Statutes, I am aware turnent to the Department of State constitutes a third degree fe |

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

ARTICLE IV-