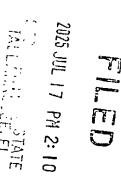


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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07/17/25--01094--005 **158.00





COVER LETTER

TO: New Filing Section Division of Corporations	i e				
SUBJECT: MUXILIC					
	Name of Resulting F	lorida Limited (Company)	_	
The enclosed Articles of Conver Business Entity" into a "Florida					"Other
Please return all correspondence	concerning this r	natter to:			
DOLORES KASTAN					
(Contact P	erson)				
MUX LLC					
(Firm/Con	npany)				
PO BOX 2403					
(Addre	ss)				
FORT MYERS BEACH, FL 339	932				
(City, State and	I Zip Code)				
ck43@msn.com	·				
E-mail Address: (to be used for fut	ure annual report noti	fications)			
For further information concerni	ng this matter, ple	case call:			
DOLORES KASTAN	at (239	691 - 9931		
(Name of Contact Person)		Area Code) (I	Daytime Telephone Number)	_	
Enclosed is a check for the follo dollars and drawn on a bank loca	_	•	essed by this office must b	be payable	1275 JU
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)		30.00 Filing Fee ertified Copy	s S185,00 Filing Fees, Certified Copy, and Certificate of Status	All Modern of	L 17 PH 2: 10
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ne Div The 241	eet Address: w Filing Section vision of Corporations e Centre of Tallahassee 15 N. Monroe Street, Suite llahassee, FL 32303		:10

Articles of Conversion

For

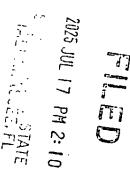
"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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 the Articles of Conversion is: $MUX, INC. 594278$
(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
SEPTEMBER 24 1987
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
MUX 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 more than 90 calendar days after 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 requirements, this date will not be listed as the document'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 9th day of JULY	_ 20 <u>_ 2.5 </u>
Signature of Authorized Representative of Limi	
Signature of Authorized Representative:	Title: MANAGER
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
,	- *
Signature: John Kastan Printed Name: DOLORES KASTAN	Title: DIRECTOR, PRES, SEC
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Signature: Printed Name:	Title
Timed Name.	1100.
If Florida Corporation:	CVC.
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
MUX LLC			<u>- </u>	
(Must contain the words "Limited Liability	Company, "L.L.	.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office	of the Limited	d Liability Compa	any is:
Principal Office Address:	Mailing A	ddress:		
100 LOVERS LANE #10	PO BOX 24	.03		
FORT MYERS BEACH, FL 33931	FORT MYERS BEACH, FL 33932			
<u> </u>				
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You	must designate an i		
DOLORES KA				
Name				
100 LOVERS L	ANE #10			
Florida street address (P.O.	Box <u>NOT</u> a	cceptable)		
FORT MYERS BEACH	FL 3	3931		
City		Zip		
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete paracept the obligations of my position as regional Registered Agent's Signature.	this certificately. I further of erformance of istered agent histories (REQU	te, Thereby acc agree to compl of my duties, an as provided fo	cept the appointme y with the provisiond I am familiar wi	ent as ons of al ith and
(CONTINU	/rs1 /)		F 5	

ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	DOLORES KASTAN	_
	PO BOX 2403	_
	FORT MYERS BEACH, FL 33932	
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(Use attachment if necessary)	$arphi_{ij}$	-71
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ARTICLE V: Other provisions, if any.	ج کر	PM 2: 10
The Limited Liability Company is organized for any	ान। v and all lawful nurnoses for which limited liability	٥
companies may be organized under the laws of the		
companies may be organized under the laws of the	e State of Fiorida	
<u>REQUIREÐ</u> SIGNATURE:		
Delvies Kar)	
- Sollars Kleso	tan_	_
Signature of a member or ar	n authorized representative of a member	
This document is executed in accordance w	rith section 605.0203 (1) (b), Florida Statutes. I am aware	
	ent to the Department of State constitutes a third degree fe	lony
as provided for in s.817.155, F.S.		
DOLOBES MASTAN		
DOLORES KASTAN		_
Lype	ed or printed name of signee	

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent