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

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COVER LETTER

	v Filing Section ision of Corporations	·		•			
	ELLIPSIS COMMUNICA	ATIONS, LLC	: / doc	# L19000027278			
SUBJECT:		f Resulting Florid			_		
	d Articles of Conversion, Articles "Florida Profit Corporation" in ac				t the follow	ing eli	igible
Please retur	n all correspondence concerning th	nis matter to:					
Filing	Team						
	Contact Person		_				
Northy	vest Registered Ag	ent LLC					
	Firm/Company				-	7 <u>9</u> 25	
7901	4th St N STE 300)					-
	Address						- ! ~
St. Pe	etersburg, FL 337	02				P: :::	, . , .
	City, State and Zip Co				1254	£	
flfilings@	northwestregisteredage	ent.com			·		
E-mai	l address: (to be used for future an	nual report notific	eation)				
For further	information concerning this matter	r, please call:					
Filing	Team	at (<u></u> 509	_{_)} 76	8-2249	_		
	Name of Contact Person		Code and	d Daytime Telephone Nu	ımber		
Enclosed is	a check for the following amount:						
\$105.00	Filing Fees \$\Bigsig \\$113.75 \text{ Filing Fee} and Certificate of Status	s □\$113.75 Fill and Certified (•	□\$122.50 Filing Fees Certified Copy, and Certificate of Status	,		
Ne Div	wiling Address: We Filing Section Wision of Corporations D. Box 6327		New l Divis	t Address: Filing Section ion of Corporations Centre of Tallahassee			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
ELLIPSIS COMMUNICATIONS, LLC
Enter Name of the Converting Entity
2. The converting entity is a limited liability company
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Florida (Finter state, or if a non LLS, entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
on 01/25/2019
Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> Ellipsis Communications, Inc.
Enter Name of Florida Profit Corporation
4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.
5. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to nor more than 90 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 requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed	this 25 day of June	. 2024			
<u>Requir</u>	ed Signature for Florida Profit Corporation:				
Signatu	ire of Director, Officer, or, if Directors or Office Kaia Roman	rs have not been selected, an Incorporator:	:		
Printed	Name: Kaia Roman Title: Dire	ector			
compa	red Signature(s) on hehalf of Converting Florinies: [See below for required signature(s).]		ınd limited liability		
Signate	ire: Kaia Roman	<u> </u>	_		
Printed	_{Name:} <u>Kaia Loman</u> Name: Kaia Roman	Title:Authorized Representative	_		
	ire:		_		
Printed	Name:	Title:	_		
Signatu	ire:		_		
Printed	Name:	Title:	_		
Signatu	ire:		_		
Printed	Name:	Title:	_		
Signati	ire:		_		
Printed	Name:	Title:	-		
Signature:					
Printed	Name:	Title:			
	ida General Partnership or Limited Liability are of one General Partner.	Partnership:			
	ida Limited Partnership or Limited Liability tres of ALL General Partners.	Limited Partnership:			
	ida Limited Liability Company: ure of a Member or Authorized Representative.		2024 JUL 11	•	
All oth Signatu	iers: ure of an authorized person.				
Fees:	Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	PH 1:40	,	

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	II PRINCIPAL OFFICE I place of business/mailing address is:			
	Principal street address	Mailing addres	ss, if different is:	
3122	Rainbow Circle	6122 Raink	now Circle	
Greenacres, FL 33463		Greenacres, FL 33463		
<u>Jiecii</u>	180163, 112 33403	Orcenacie.	3,1 1 33 403	
	for which the corporation is organized is: nd all lawful business.			
RTICLE	<u>IV SHARES</u> 1 000 000			
	IV SHARES of shares of stock is: 1,000,000			
RTICLE	V OFFICERS AND/OR DIRECTORS	No. and Tale		
RTICLE Iame and T		Name and Title:		
RTICLE Iame and T	v officers and/or directors itle: Kaia Roman - Director	Address:	2024	
RTICLE lame and T	v officers and/or directors Kaia Roman - Director 6122 Rainbow Circle Greenacres, FL 33463	Address:	2024	
RTICLE Iame and T ddress:	v officers and/or directors Kaia Roman - Director 6122 Rainbow Circle Greenacres, FL 33463	Address: Name and Title:	2024 C 52	
RTICLE ame and T ddress: ame and T	v officers and/or directors Kaia Roman - Director 6122 Rainbow Circle Greenacres, FL 33463	Address: Name and Title: Address:	2024 J. J. F.	
RTICLE lame and T ddress: lame and T	v officers and/or directors Kaia Roman - Director 6122 Rainbow Circle Greenacres, FL 33463	Address: Name and Title: Address:	7024 JUL 1 Pr 1: 40	

ARTICL.		weekle Vafeton manietured expert in
the <u>name</u>	and Florida street address (P.O. Box NOT acce	ptable) of the registered agent is:
Name:	Northwest Registered Agent LLC	
Address:	7901 4th St N STE 300	
	St. Petersburg, FL 33702	
******* Having be this certifi	**************************************	**************************************
	Taylor Name	06/25/2024
	Required Signature/Registered Agent	Date