COMMUNICATIONS TARIFF APPLICATION

DATE PSC RECEIVED: <u>7/14/2022 3:44:07 PM</u>

OFFICIAL FILING DATE:

AUTHORITY NUMBER: T20220029 PROCESSED BY: OPR <u>SAMUEL</u> <u>DAY</u>

COMPANY CODE:TX085COMPANY NAME:ITS Telecommunications Systems, Inc. d/b/a BlueStream FiberIts stream Systems, Inc. d/b/a Blue

A. SYNOPSIS

1. ANTICIAPTED EFFECTIVE DATE: <u>6/27/2022</u>

2. IF DIFFERENT, COMPANY REQUESTED EFFECTIVE DATE: 6/27/2022

3. DESCRIPTION OF THE FILING:

Request for approval of name change on Certificate No. 4873 (CLEC) from ITS Telecommunications Systems, Inc. d/b/a ITS Fiber to ITS Telecommunications Systems, LLC d/b/a Blue Stream Fiber.

B. ACTION TO BE TAKEN WITH THIS FILING

SUBJECT: TNG

- 2. PLACE ON COMMISSION AGENDA FOR DATE:
- 3. RECOMMENDATION DUE DATE: 7/27/2022

1. TO BECOME EFFECTIVE A1 (A1 or A2)

- 4. DOCKET NO: 20220117
- 5. ORDER NO:

C. FINAL ACTION

1.EFFECTIVE DATE: <u>6/27/2022</u> PROTESTED? NO (CIRCLE ONE)

2. REVISION REPLACEMENTS? REQUESTED: <u>N/A</u> RECEIVED: <u>N/A</u>

3. REVISION DISCREPANCIES:

4. COMMENTS:

5. REVISIED PAGES VERIFIED AGANIST E-TARIFF: <u>N/A</u>
6. E-TARIFF UPDATED: N/A

FORMS (2) REVISIED 11/2015 FORM/CTA

FILED 7/13/2022 DOCUMENT NO. 04696-2022 FPSC - COMMISSION CLERK



Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD TALLAHASSEE, FLORIDA 32399-0850

-M-E-M-O-R-A-N-D-U-M-

| DATE: | July 13, 2022 |
|-------|--|
| то: | Adam J. Teitzman, Commission Clerk, Office of Commission Clerk |
| FROM: | Samuel Day, Public Utility Analyst I, Office of Industry Development & Market CH Analysis Matthew Jones, Attorney, Office of the General Counsel |
| RE: | Docket No. 20220117-TP - Request for approval of name change on Certificate Nos. 30 and 4873 from ITS Telecommunications Systems, Inc. d/b/a ITS Fiber to ITS Telecommunications Systems, LLC d/b/a Blue Stream Fiber. |

ITS Telecommunications Systems, Inc. d/b/a ITS Fiber, has requested approval of a name change on Certificate Nos. 30 and 4873 to ITS Telecommunications Systems, LLC d/b/a Blue Stream Fiber. This name change has been filed with the Florida Department of State, Division of Corporations. Since this name change does not involve a transfer of certificate, the name change is acknowledged and the docket should be closed.

As required by Section 2.07.C.2.a., Administrative Procedures Manual, this is to inform you that staff concurs with the name change on Certificate Nos. 30 and 4873.

Brian Schultz

From: Sent: To: Cc: Subject: Brian Schultz Thursday, June 30, 2022 12:03 PM Samuel Day Hong Wang RE: Docket title changes 20220117-TP & 20220118-TP

Good afternoon,

Per your instructions below we have changed the docket titles of 20220117-TP and 20220118-TP to reflect the clarifications of the new revised filings.

Sincerely,

Brian Schultz

Commission Deputy Clerk II Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, Florida 32399 850.413.6770

PLEASE NOTE: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are considered to be public records and will be made available to the public and the media upon request. Therefore, your e-mail message may be subject to public disclosure.

From: Samuel Day <SDay@psc.state.fl.us>
Sent: Thursday, June 30, 2022 12:00 PM
To: Brian Schultz <BSchultz@psc.state.fl.us>
Cc: Hong Wang <HWang@PSC.STATE.FL.US>
Subject: Docket title changes 20220117-TP & 20220118-TP

Hello Brian,

With the recent revised memos to Dockets 20220117-TP and 20220118-TP with clarifications as to which certificate numbers will be affected by the name changes, the Docket titles need to be changed to reflect the clarifications.

20220117-TP suggested title

"Request for approval of name change on Certificate Nos. 30 and 4873 from ITS Telecommunications Systems, Inc. d/b/a ITS Fiber to ITS Telecommunications Systems, LLC d/b/a Blue Stream Fiber."

20220118-TP suggested title

"Request for approval of name change on Certificate No. 8864 from ITS Fiber, LLC d/b/a ITS Fiber, to ITS Fiber, LLC d/b/a Blue Stream Fiber."

If you have any questions, please let me know.

Thank you,





FILED 6/30/2022 DOCUMENT NO. 04373-2022 FPSC - COMMISSION CLERK

Internet Voice Cloud Services IT Services Data Center Colocation DirectTV

June 30, 2022

Mr. Adam Teitzman Office of Commission Clerk Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850

Re: Docket 20220117 - Revised Change of Company Name Document

Dear Mr. Teitzman:

Please accept this letter as a replacement for Document No. 04314-2022 in Docket 20220117-TP. ITS Telecommunications Systems, Inc. d/b/a ITS Fiber is requesting a name change to ITS Telecommunications Systems, LLC d/b/a Blue Stream Fiber. This name change request is for the following certificates:

TL 712 – Certificate No. 30 TX 085 – Certificate No. 4873

Attached please find the application to change the Company's name to a LLC that was filed with the Secretary of State in Florida as well as the application for the registration of the Fictitious Name also filed with the Secretary of State in Florida.

If you should have any questions regarding this letter please contact Donna Marreel at <u>dmarreel@bluestreamfiber.com</u> or me at <u>mreising@bluestreamfiber.com</u>.

Thank you for your assistance in this matter.

Sincere Myron Reising

Chief Financial Officer

Attachments

Mailing address: PO Box 397 • Payments: PO Box 308 • Office: 15931 SW Warfield Blvd.| Indiantown, FL 34956 Business Services: 772.597.3423 • Home Services: 772. 597.2111 • Tech Support & Repair: 772.587.4140

COVER LETTER

TO: **New Filing Section Division of Corporations**

SUBJECT: ITS TELECOMMUNICATIONS SYSTEMS, LLC

(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:

Philip J. Kantor, Esg.

(Contact Person)

ITS TELECOMMUICATIONS SYSTEMS, LLC

(Firm/Company)

940 NW 201 Wav

(Address)

Pembroke Pines, FL 233029

(City, State and Zip Code)

pkantor@BlueStreamFiber.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Myron Resiing _at (954)752-7244 (Area Code) (Daytime Telephone Number) (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)

| 1 \$180.00 Filing Fees nd Certified Copy | □\$185.00 Filing Fees, 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

INHS11 (7/17)

<u>Articles of Conversion</u> For <u>"Other Business Entity"</u> Into <u>Florida Limited Liability Company</u>

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 the Articles of Conversion is: ITS TELECOMMUNICATIONS SYSTEMS, INC

(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.)

FLORIDA First organized, formed or incorporated under the laws of

(Enter state, or if a non-U.S. entity, the name of the country)

JULY 24, 2970 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:

ITS TELECOMMUNICIATONS SYSTEMS, 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 day of NOVEMBER, 2021 | 20 |
|--|--|
| Signature of Authorized Representative of Limi | ited Liability Company: |
| Signature of Authorized Representative: | |
| Signature(s) on behalf of Other Business Entity: | |
| Signature: | |
| Printed Name: Myron Reising | Title: Chefi Financial Officer |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Signature: Printed Name: | Title: |
| 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 Inc | Officer. |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | - • |
| If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners. | ty Limited Partnership: |
| <u>All others:</u> 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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ITS TELECOMMUNICATIONS SYSTEMS, 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: |
|---------------------------|---------------------------|
| 16001 SW Market St. | PO Box 397 |
| Indiantown, Florida 34956 | Indiantown, Florida 34956 |
| | |

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:

| Arthur C. Neiwirth | |
|--------------------------|--------------------------|
| N | ame |
| 2400 East Commercial Biv | rd, Suite 520 |
| Florida street address (| P.O. Box NOT acceptable) |
| Fort Lauderdale | FL 33308 |
| 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

| <u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
|--|---------------------------------|
| MGR | JOSEPH CANAVAN |
| | 12409 NW 35th Street |
| | Coral Springs, FL 33065 |
| AMBR | Myron Reising |
| | 12409 NW 35th Street |
| | Coral Sporings, FL 33065 |
| AMBR | |
| | Bruce Russell |
| | 16001 SW Market St. |
| | Indiantown, FL 34956 |
| AMBR | David Smollen |
| | 188 The Embarcardero, Suite 700 |
| | San Francisco, CA 94105 |
| (Use attachment if necessary) | |

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:

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.

Myron Reising

Typed or printed name of signeeFiling 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)

Articles of Conversion (continued)

ARTICLE IV (continued)

| <u>Title</u> | Name and Address |
|--------------|--|
| <u>AMBR</u> | ORLANDO RIOS 12409 NW 35 Street Coral Springs, Florida 33065 |
| AMBR | <u>RUBY EVANS</u> 16001 SW Market Street |

Indiantown, Florida 34956

| System: 12/4 User Date: 12/4 * Voided Journa # Intercompany of | l Entry | AM | | ENERAL PO | nications Systems STING JOURNAL al Ledger | | Page: User ID: | 1 revans |
|---|----------------------------------|-------------------------|--------------------------------|-----------|---|--------------------------------|-----------------------|------------------------------|
| Batch ID: 2 Batch Comment: | 11-30-2021 RE9 | | | | | | | |
| Approved: Approved by: Approval Date: | No | Batch Tota Trx Total | al Actual: Actual: | | \$5,610.00 3 | Batch Total (Trx Total Con | | \$5,610.00 3 |
| Journal Entry | Transaction Type | Transaction Date | n Reversing Date | | Transaction Reference | | Audit Trail R Code | eversing Audit Trail Code |
| User-Defined | 11 | | User-Define | i 2 | | | | |
| 3,061 | Standard | 11/30/2021 | | GJ | Cyberlink Project | | GLTRX00000874 | |
| | Account | | Description | | | | Debit | Credit |
| | 6124-93-00-61- 4011-93-00-00- | | Computer Soft A/P Blue Stre | tware Exp | ense | | \$250.00 | \$250.00 |
| Total | Distributions: | 2 | | | Tot | als: | \$250.00 | \$250.00 |
| 3,062 | Standard | 11/30/2021 | | GJ | BDO Digital Softw | are setup | GLTRX00000874 | |
| | Account | | Description | | | | Debit | Credit |
| | 2124-93-00-00- 4011-93-00-00- | | Computer Equ A/P Blue Stre | | | | \$2,405.00 | \$2,405.00 |
| Total | Distributions: | 2 | | | Tot | als: | \$2,405.00 | \$2,405.00 |
| 3,063 | Standard | 11/30/2021 | | GJ | State of FL INC t | o LLC | GLTRX00000874 | |
| | Account | | Description | | | | Debit | Credit |
| | 6721-93-00-64- 4011-93-00-00- | | Accounting F A/P Blue Stre | ees | | | \$150.00 | \$150.00 |
| Total | Distributions: | 2 | | | Tot | als: | \$150.00 | \$150.00 |
| Total Jour | rnal Entries: | 3 | | | | | | |

| 1. | Blue Stream Fiber | |
|-------------------|---|---|
| | Fictitious Name to be Registered (See Instructions if name includes a business entity suffix or indi | |
| | | 2022 JAN 25 PM 1:50 |
| 2. | | |
| | Matting Address of Business Indiantown Florida 349 | SECON UP STATE |
| | City State Zo Code | |
| 3. | Florida County of principal place of business: Martin | G22000008446 01/25/2201004011 **\$0.00 |
| 4. | (See instructions if more than one county) FEI Number: | This space is for office use only CR4E001 (10/20) |
| A. | . Owner(s) of Fictitious Name if Individual(s): (Use a 1. 2 | an attachment if necessary) |
| | Last First M.I. | Last First M.I. |
| | | |
| | Address | Address |
| | City State Zip Code | City State Zip Code |
| B. | . Owner(s) of Fictitious Name if Entity: (Use an atta | ichment if necessary) |
| | 2. ITS Telecommunications LLC 2 Entity Name Systems | 2. ITS Fiber, LLC |
| | 16001 SW Market St. | 16001 SW Market St. |
| | Address | Address |
| | Indiantown FL 34956 | Indiantown FL 34956 |
| | City State Zip Code | City State Zip Code |
| | Florida Document Number: L210009524024 | Florida Document Number: L12000153158 |
| | FEI Number: 13-2663/01 | FEI Number: 46-1769567 |
| | □ Applied For □ Not Applicable | □ Applied For □ Not Applicable |
| | | |
| act new sig | the undersigned, being an owner in the above fictitious name, certify the ccordance with Section 865.09, F.S., I further certify that the fictitious na ewspaper as defined in chapter 50. Florida Statutes, in the county where gnature below shall have the same legal effect as if made under oath ar se Department of State constitutes a third degree felony as provided for | ame to be registered has been advertised at least once in a e the principal place of business is located. I understand that the nd I am aware that false information submitted in a document to |
| | р | kantor@blueStreamfiber.com |
| | | mail Address: (to be used for future renewal notification) |
| P | hone Number: 954-752-7244 | |
| FC | OR CANCELLATION COMPLETE SECTION 4 ONLY: | |
| | OR FICTITIOUS NAME OR OWNERSHIP CHANGE C | |
| 16 | (we), the undersigned, hereby cancel the fictitious name | |
| wh | hich was registered on and was assigned | I registration number |
| Rie | gnature of Owner of Registration being Cancelled Date Sig | gnature of Owner of Registration being Cencelled Date |
| Siĝi | | |

ITSFiber www.itsfiber.com

Internet Voice Cloud Services IT Services Data Center Colocation DirectTV

DOCKET NO. 20220117-TP FILED 6/27/2022

DOCUMENT NO. 04314-2022 FPSC - COMMISSION CLERK

June 27, 2022

Mr. Adam Teitzman Office of Commission Clerk Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850

Re: Change of Company Name

Dear Mr. Teitzman:

Please accept this letter as an official notice that ITS Telecommunications Systems, Inc. changed from being incorporated to a Florida Limited Liability Company, ITS Telecommunications Systems, LLC, effective 12/10/2021.

Attached please find the application to change the Company's name to a LLC that was filed with the Secretary of State in Florida.

If you should have any questions regarding this letter please contact Donna Marreel at <u>dmarreel@bluestreamfiber.com</u> or me at <u>mreising@bluestreamfiber.com</u>.

Thank you for your assistance in this matter.

Sincerely Myron Reising **Chief Financial Officer**

Attachment

Mailing address: PO Box 397 • Payments: PO Box 308 • Office: 15931 SW Warfield Blvd.| Indiantown, FL 34956 Business Services: 772.597.3423 • Home Services: 772.597.2111 • Tech Support & Repair: 772.587.4140

COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: ITS TELECOMMUNICATIONS SYSTEMS, LLC

(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:

Philip J. Kantor, Esq.

(Contact Person)

ITS TELECOMMUICATIONS SYSTEMS, LLC

(Firm/Company)

940 NW 201 Way

(Address)

Pembroke Pines, FL 233029

(City, State and Zip Code)

pkantor@BlueStreamFiber.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

 Myron Resing (Name of Contact Person)
 at (954 (Area Code)
 752-7244 (Daytime Telephone Number)

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)

| S150.00 Filing Fees | □\$ |
|----------------------|------|
| (\$25 for Conversion | and |
| & \$125 for Articles | Stat |
| of Organization) | |

\$155.00 Filing Fees and Certificate of Status □\$180.00 Filing Fees and Certified Copy □\$185.00 Filing Fees, 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

INHS11 (7/17)

<u>Articles of Conversion</u> For <u>"Other Business Entity"</u> Into <u>Florida Limited Liability Company</u>

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 the Articles of Conversion is: ITS TELECOMMUNICATIONS SYSTEMS, INC

(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.)

FLORIDA First organized, formed or incorporated under the laws of

(Enter state, or if a non-U.S. entity, the name of the country)

JULY 24, 2970 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:

ITS TELECOMMUNICIATONS SYSTEMS, 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 day of NOVEMBER, 2021 | 20 |
|--|--|
| Signature of Authorized Representative of Limi | ited Liability Company: |
| Signature of Authorized Representative: | |
| Signature(s) on behalf of Other Business Entity: | |
| Signature: | |
| Printed Name: Myron Reising | Title: Chefi Financial Officer |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Signature: Printed Name: | Title: |
| 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 Inc | Officer. |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | - • |
| If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners. | ty Limited Partnership: |
| <u>All others:</u> 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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ITS TELECOMMUNICATIONS SYSTEMS, 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: |
|---------------------------|---------------------------|
| 16001 SW Market St. | PO Box 397 |
| Indiantown, Florida 34956 | Indiantown, Florida 34956 |
| | |

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:

| Arthur C. Neiwirth | |
|--------------------------|--------------------------|
| N | ame |
| 2400 East Commercial Biv | rd, Suite 520 |
| Florida street address (| P.O. Box NOT acceptable) |
| Fort Lauderdale | FL 33308 |
| 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

| <u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
|--|---------------------------------|
| MGR | JOSEPH CANAVAN |
| | 12409 NW 35th Street |
| | Coral Springs, FL 33065 |
| AMBR | Myron Reising |
| | 12409 NW 35th Street |
| | Coral Sporings, FL 33065 |
| AMBR | |
| | Bruce Russell |
| | 16001 SW Market St. |
| | Indiantown, FL 34956 |
| AMBR | David Smollen |
| | 188 The Embarcardero, Suite 700 |
| | San Francisco, CA 94105 |
| (Use attachment if necessary) | |

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:

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.

Myron Reising

Typed or printed name of signeeFiling 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)

Articles of Conversion (continued)

ARTICLE IV (continued)

| <u>Title</u> | Name and Address |
|--------------|--|
| <u>AMBR</u> | ORLANDO RIOS 12409 NW 35 Street Coral Springs, Florida 33065 |
| AMBR | <u>RUBY EVANS</u> 16001 SW Market Street |

Indiantown, Florida 34956

| System: 12/4 User Date: 12/4 * Voided Journa # Intercompany of | l Entry | 3 AM | | ENERAL PO | nications Systems STING JOURNAL al Ledger | | Page: User ID: | 1 revans |
|---|----------------------------------|-------------------------|--------------------------------|-----------|---|-----------------------------|-----------------------|------------------------------|
| Batch ID: 2 Batch Comment: | 11-30-2021 RE9 | | | | | | | |
| Approved: Approved by: Approval Date: | No | Batch Tota Trx Total | al Actual: Actual: | | \$5,610.00 3 | Batch Total Trx Total Co | | \$5,610.00 3 |
| Journal Entry | Transaction Type | Transaction Date | n Reversing Date | | Transaction Reference | | Audit Trail R Code | eversing Audit Trail Code |
| User-Defined | 11 | | User-Defined | i 2 | | | | |
| 3,061 | Standard | 11/30/2021 | | GJ | Cyberlink Project | | GLTRX00000874 | |
| | Account | | Description | | | | Debit | Credit |
| | 6124-93-00-61- 4011-93-00-00- | | Computer Soft A/P Blue Stre | tware Exp | ense | | \$250.00 | \$250.00 |
| Total | Distributions: | 2 | | | Tot | als: | \$250.00 | \$250.00 |
| 3,062 | Standard | 11/30/2021 | | GJ | BDO Digital Softw | are setup | GLTRX00000874 | |
| | Account | | Description | | | | Debit | Credit |
| | 2124-93-00-00- 4011-93-00-00- | | Computer Equi A/P Blue Stre | | | | \$2,405.00 | \$2,405.00 |
| Total | Distributions: | 2 | | | Tot | als: | \$2,405.00 | \$2,405.00 |
| 3,063 | Standard | 11/30/2021 | | GJ | State of FL INC t | o LLC | GLTRX00000874 | |
| | Account | | Description | | | | Debit | Credit |
| | 6721-93-00-64- 4011-93-00-00- | | Accounting Fe A/P Blue Stre | ees | | | \$150.00 | \$150.00 |
| Total | Distributions: | 2 | | | Tot | als: | \$150.00 | \$150.00 |
| Total Jour | rnal Entries: | 3 | | | | | | |