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

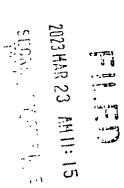
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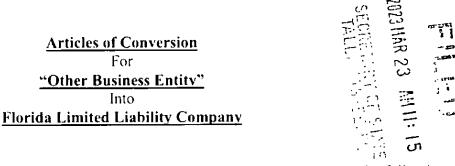
CHAIL



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

OOCUMENT NUMBER	
	PLEASE FILE THE ATTACHED AND RETURN
XXX	Plain Copy
	Certified Copy
	Certificate of Status
*	*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
<u> </u>	Certificate of Status
	Certificate of Status Reflecting:
	APOSTILLE' / NOTARIAL CERTIFICATION
OUNTRY OF DESTINAT	TION
UMBER OF CERTIFICA	TES REQUESTED
	0 ACCOUNT # 120160000072



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: TELDARUS HOLDING GROUP LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
on 2/21/2019 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Michael Taylor Consultants, 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.) 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.
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 23rd day	of March	20		
Signature of Authorized R	<u>lepresentative of Lim</u>	ited Liability Company:		
Signature of Authorized Re Printed Name: Ashley Perkins	presentative: Ashl	Title: Attorney-in-Fact	_	
Signature(s) on behalf of O	ther Business Entity:	[See below for required signature(s)]		
Signature:	Ashley Perkins			
Printed Name: Ashley Perkins	;	Title: Attorney-in-Fact	_	
Printed Name:		Title:	- -	
Signature:	<u> </u>	Title:	_	
Printed Name:		I itle:	- c 🔁	
Signature:			0231 	
Printed Name:		Title:		
Cimatura			23	1285
Printed Name:		Title:	-	inedia.
Signature:			- , 👼 😇	
Printed Name:		Title:	_ ်က် ဟ	
If Florida Corporation: Signature of Chairman, Vice If Directors or Officers have	Chairman, Director, or not been selected, an In	Title:		
If Florida General Partners Signature of one General Par	ship or Limited Liabili tner.	ity Partnership:		
If Florida Limited Partners Signatures of ALL General I		ity Limited Partnership:		
All others: Signature of an authorized po	erson.			
Fees:				
Articles of Conversi	on:	\$25.00		

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Com	npany is:
Michael Taylor Consultants, LLC	
(Must contain the words "Limi	ted 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:
475 Brickell Ave unit 3115	475 Brickell Ave unit 3115
Miami, FL 33131	Miami, FL 33131
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The name and the Florida street addres	s of the registered agent are:
Corporate Creations	Network Inc.

Name

801 US Highway 1

Florida street address (P.O. Box NOT acceptable)

North Palm Beach

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..

Ashley Perkins, Special Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Lata Holdings Group II, LLC
AWIDK	475 Brickell Ave unit 3115
	Miami, FL 33131
	
	(X) (T)
(Use attachment if necessary)	
	in .
LE V: Other provisions, if any.	
EE V. Other provisions, it may.	
REQUIRED SIGNATURE:	
	(A D /:
REQUIRED SIGNATURE:	Ley Perkins
Ash	Elsy Perkins
Signature of a member or	r an authorized representative of a member
Signature of a member of This document is executed in accordance	r an authorized representative of a member re with section 605.0203 (1) (b), Florida Statutes. I am aware
Signature of a member of This document is executed in accordance	r an authorized representative of a member
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	r an authorized representative of a member re with section 605.0203 (1) (b), Florida Statutes. I am aware
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Ashley Perkins, Attorney-in-Fact	r an authorized representative of a member re with section 605.0203 (1) (b), Florida Statutes. I am aware

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)