

L2400035716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

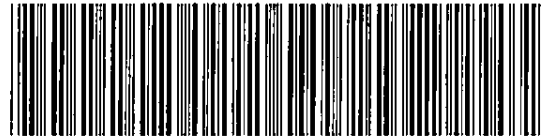
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000432934970

07/12/24--01058--007 **150.00

FILED
2006 JUL 12 PM 2:10
T. J. H.
STATE

T-JH

7/18/24



datainterfuse
The Power of Information, Realized

www.datainterfuse.com

L2400031577-6

Data Interfuse
201 Maple Avenue, W
Suite 257
Vienna, VA 222180
Phone number: 888-909-0571
Fax number: 703-991-0664

Florida Department of State
Division of Corporations
New Filing Section
P.O. Box 6327
Tallahassee, FL 32314

Subject: Name Release Affidavit
Re: Document No. L24000251012, Florida LLC: Data Interfuse, LLC

Dear Sir or Madam:

Data Interfuse, LLC provides this letter to accompany the enclosed Articles of Conversion for Data Interfuse, LLC (hereinafter the "Company" or "Data Interfuse"). Data Interfuse was organized as a Florida limited liability company on June 1, 2024. Articles of Dissolution in Florida have been filed on behalf of the Company to close the Florida domestic limited liability company.

The Florida domestic entity named Data Interfuse, LLC, is associated with the above referenced Document No. L24000251012. The Company and its owner swear and affirm with this Name Release Affidavit that they do not intend to, nor will they reinstate the Florida entity associated with Document No. L24000251012.

Signed to this 10 day of July, 2024

Signature

Jimmy Fernandes

Printed Name

Owner and CEO, Data Interfuse, LLC

Title

FILED
JUL 12 PM 2:15
CLERK OF THE FLORIDA DEPARTMENT OF STATE

COMMONWEALTH OF VIRGINIA

County of Fairfax

I hereby certify that on this 07/10/2024 [Date], before me, the undersigned Notary Public in and for the Commonwealth of Virginia, at large, personally appeared

Jimmy Fernandes [Name], known to me or satisfactorily proven to be the person whose name is subscribed to the foregoing instrument and acknowledged that he/she executed the foregoing instrument for the purposes set forth herein.

[SEAL]

Endre Kevin Osborne Jr.
NOTARY PUBLIC
REGISTRATION # 8004966
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES Nov. 30, 2026

Ali Kevin Osborne
Notary Public
My Commission Expires: 11/30/2026
Registration Number: 8004966



Confidential – All Rights Reserved
Data Interfuse, LLC

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Data Interfuse, 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:

Fern Ward

(Contact Person)

Foundry General Counsel, PLLC

(Firm/Company)

907 Shady Drive, SE

(Address)

Vienna, VA 22180

(City, State and Zip Code)

team@foundrygc.com

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

For further information concerning this matter, please call:

Fern Ward at (703) 929-7453
(Name of Contact Person) (Area Code) (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)

☐ \$150.00 Filing Fees
(S25 for Conversion
& S125 for Articles
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

FILED
JAN 11 12 PM 2:15
TALLAHASSEE
STATE OF FLORIDA

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

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

on 8/1/2007
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
Data Interfuse, 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 of _____ which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.


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2007 JUL 12 PM 2:15
FLORIDA DEPARTMENT OF STATE

Signed this 21st 2024

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 
Printed Name: Jimmy Fernandes Title: CEO/Owner, Member

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: 
Printed Name: Jimmy Fernandes Title: CEO/Owner, Member

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

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 Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

FILED
2024 JUL 12 PM 2:10
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
IN FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Data Interfuse, 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:

Data Interfuse, LLC

400 N Ashley Dr Ste 1900

Tampa

FL

33602

Mailing Address:

Data Interfuse, LLC

400 N Ashley Dr Ste 1900

Tampa

FL

33602

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:

Registered Agents Inc

Name

7901 4th St N

STE 300

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

St. Petersburg

FL

33702

City

State

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..

David Roberts

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2006 JUN 12 PM 2:15
CLERK OF DISTRICT COURT
STATE OF FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Jimmy Fernandes

400 N Ashley Dr Ste 1900

Tampa

FL

33602

(Use attachment if necessary)

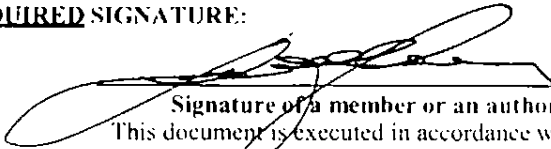
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

ARTICLE VI: 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.

Jimmy Fernandes

Typed or printed name of signee

Filing 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)

FILED
JUN 11 12 PM 2:11
TAMPA
FLORIDA
STATE