



www.itsfiber.com

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:

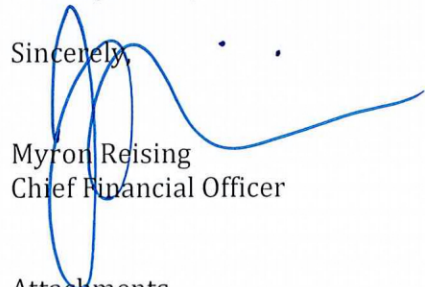
TL 712 – Certificate No. 30
TX 085 – Certificate No. 4873

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 dmarreel@bluestreamfiber.com or me at mreising@bluestreamfiber.com.

Thank you for your assistance in this matter.

Sincerely,



Myron Reising
Chief Financial Officer

Attachments

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:

Phillip J. Kantor, Esq.
(Contact Person)
ITS TELECOMMUNICATIONS 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 Resiing at (954) 752-7244
(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 (\$25 for Conversion & \$125 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

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:
ITS TELECOMMUNICATIONS SYSTEMS, INC

(Enter Name of Other Business Entity)

2. The “Other Business Entity” is a CORPORATION
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on JULY 24, 2970
(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.)

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 _____ day of NOVEMBER, 2021 20_____.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: _____
Printed Name: _____ Title: _____

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

Signature: _____
Printed Name: Myron Relsing Title: Chefi Financial Officer

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)

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:

16001 SW Market St.

Indiantown, Florida 34956

Mailing Address:

PO Box 397

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. Nelwirth

Name

2400 East Commercial Blvd, 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:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

JOSEPH CANAVAN

12409 NW 35th Street

Coral Springs, FL 33065

AMBR

Myron Reising

12409 NW 35th Street

Coral Springs, FL 33065

AMBR

Bruce Russell

16001 SW Market St.

Indiantown, FL 34956

AMBR

David Smollen

188 The Embarcadero, 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 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)

Articles of Conversion *(continued)*

ARTICLE IV *(continued)*

Title

Name and Address

AMBR

ORLANDO RIOS
12409 NW 35 Street
Coral Springs, Florida 33065

AMBR

RUBY EVANS
16001 SW Market Street
Indiantown, Florida 34956

* Voided Journal Entry
 # Intercompany Journal Entry

Batch ID: 11-30-2021 RE9
 Batch Comment:

Approved: No Batch Total Actual: \$5,610.00 Batch Total Control: \$5,610.00
 Approved by: Trx Total Actual: 3 Trx Total Control: 3
 Approval Date:

Journal Entry	Transaction Type	Transaction Date	Reversing Date	Source Document	Transaction Reference	Audit Trail Code	Reversing Trail Code	Audit	
User-Defined 1		User-Defined 2							
3,061	Standard	11/30/2021		GJ	Cyberlink Project Accounting	GLTRX00000874			
	Account	Description			Debit	Credit			
	6124-93-00-61-02-04	Computer Software Expense			\$250.00				
	4011-93-00-00-04-00	A/P Blue Stream Fiber				\$250.00			
Total Distributions:		2			Totals:	\$250.00	\$250.00		
3,062	Standard	11/30/2021		GJ	BDO Digital Software setup	GLTRX00000874			
	Account	Description			Debit	Credit			
	2124-93-00-00-01-00	Computer Equipment			\$2,405.00				
	4011-93-00-00-04-00	A/P Blue Stream Fiber				\$2,405.00			
Total Distributions:		2			Totals:	\$2,405.00	\$2,405.00		
3,063	Standard	11/30/2021		GJ	State of FL INC to LLC	GLTRX00000874			
	Account	Description			Debit	Credit			
	6721-93-00-64-01-04	Accounting Fees			\$150.00				
	4011-93-00-00-04-00	A/P Blue Stream Fiber				\$150.00			
Total Distributions:		2			Totals:	\$150.00	\$150.00		
Total Journal Entries:		3							

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. Blue Stream Fiber
Fictitious Name to be Registered (See instructions if name includes a business entity suffix or indicator)

2. PO Box 397
Mailing Address of Business

Indiantown Florida 34956
City State Zip Code

3. Florida County of principal place of business: Martin
(See instructions if more than one county)

4. FEI Number: _____

2022 JAN 25 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FL

G22000008446
01/25/22--01004 - 011 **50.00

This space is for office use only
CR4E001 (10/20)

Section 2

A. Owner(s) of Fictitious Name if Individual(s): (Use an attachment if necessary)

1. _____ 2. _____
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 attachment if necessary)

2. ITS Telecommunications LLC 2. ITS Fiber, LLC
Entity Name Entity Name

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: L21000524024 Florida Document Number: L12000153158

FEI Number: 13-2663101 FEI Number: 46-1769567

Applied For Not Applicable Applied For Not Applicable

Section 3

I, the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the signature below shall have the same legal effect as if made under oath and I am aware that 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.

[Signature] pkantor@blueStreamfiber.com
Signature of Owner in Section 2 Date Email Address: (to be used for future renewal notification)

Phone Number: 954-752-7244

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we), the undersigned, hereby cancel the fictitious name _____,
which was registered on _____ and was assigned registration number _____.

Signature of Owner of Registration being Cancelled Date Signature of Owner of Registration being Cancelled Date

Mark the applicable boxes Certificate of Status- \$10 Certified Copy- \$30

NON-REFUNDABLE PROCESSING FEE: \$50 JAN 25 2022

ILLIAMS