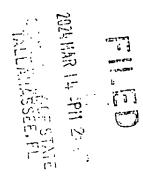
# LZ400011981

	(Requestor's Name)
	(Address)
	(7000,633)
	(Address)
	(City/State/Zip/Phone #)
,	(City/Ctate/Zip/FNOITe #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:





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TALLAHASSEE, FLORIDA



### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: AEROTECH SYSTEMS, L.L.C.
(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:
Jeffrey S. Ragan
Aerotech Systems, L.L.C.
4452 Cool Emerald Drive
Tallahassee FL 32303
(City. State and Zip Code)
melindargn@gmail.com
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Jeff Ragan <sub>at (850)</sub> 273-2520
(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

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 Aerotech Systems, L.L.C.	s of Conversion is:	
	(Enter Name of Other Business Entity)		
2.	The "Other Business Entity" is a Foreign Limited Liability Company		
	(Enter entity type. Example: corporation, limited partnership, general partnership, common	law or business trust, etc.)	
Fi	rst organized, formed or incorporated under the laws of Michigan  (Enter state, or if a non-U.S. entity, the n	of the country)	
	(Effici state, of it a non-old, entity, are it	ante of the country)	
on	·		
	(date of organization, formation or incorporation)		
3.	The name of the Florida Limited Liability Company as set forth in the attached Article	les of Organization:	
	AEROTECH SYSTEMS, L.L.C.		
	(Enter Name of Florida Limited Liability Company)		
4.	If not effective on the date of filing, enter the effective date: April 1st, 2024		
	he effective date: Cannot be prior to date of receipt or filed date nor more than 90	calendar days after	
No	e date this document is filed by the Florida Department of State.)  te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date	will not be listed as the	
do	cument's effective date on the Department of State's records.		
<b>5</b> .	The plan of conversion has been approved in accordance with all applicable statutes.		u Paris Paris
6.	The "Converted or Other Business Entity" has agreed to pay any members having appraisa	l rights the amount to	<u> </u>
	which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	17.65	- نو
		fer 👊	

Signed this 14th day of March	20_24		
Signature of Authorized Representative of Lim	ited Liability Company:		
Signature of Authorized Representative: Printed Name: Jeffrey S. Ragan	7 Title: Manager	_	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]		
Signature: Jeffrey S. Ragan	Title: Manager	<del>-</del>	
Signature: Melinda J. Ragan  Printed Name: Melinda J. Ragan	Title: Assistant Manager	-	
Signature:Printed Name:		_	
Signature: Printed Name:			
Signature:Printed Name:			
Signature: Printed Name:			
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 Liability Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:		
All others: Signature of an authorized person.		2024) TALI	
Fees:		M.P.	1274 mg
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	4 PH 2:	
		•	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

THE MADIC OF THE	ame: Limited Liability Company	is:		
AEROTE	CH SYSTEMS,	L.L.C.		
(1-	fust contain the words "Limited List	bility Company, "	L.L.C.," or "LLC."	,
ARTICLE II - A The mailing addre	ddress: ess and street address of the	principal off	ice of the Limi	ted Liability Company is:
Principal Office	Address:	Mailing	Address:	
4452 Cool Em	erald Dr.	4452	Cool Emeralo	d Dr.
Tallahassee, F	L 32303	Tallah	assee, FL 32	303
(The Limited Liability (	Registered Agent, Registel Company cannot serve as its own Re a active Florida registration.)	r <b>ed Office, &amp;</b> gistered Agent. Y	Registered A ou must designate a	gent's Signature: in individual or another
The name and the	Florida street address of th	e registered a	igent are:	
	Jeffrey S. Raga	an		
	Na	me		
	4452 Cool Em	erald Di	•.	
	Florida street address (P	.O. Box <u>NO</u>	(acceptable)	
	Tallahassee	FL	32303	
	City	<del></del>	Zip	

(CONTINUED)

A	DT	CT	r	TV_
-			, г.	1 V -

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

<u>l'itle:</u>	Name and Address:
AMBR" = Authorized Member	Ţ
MGR" = Manager MGR	Joffray S. Pagan
WOIN	Jeffrey S. Ragan
	4452 Cool Emerald Dr.
AMBR	Tallahassee, FL 32303
AMBR	Melinda J. Ragan
	4452 Cool Emerald Dr.
	Tallahassee, FL 32303
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Use attachment if necessary)	
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Use attachment if necessary)  LE V: Other provisions, if any.	
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LE V: Other provisions, if any.	
	8. 17. 25.
LE V: Other provisions, if any.	S. Noy
E V: Other provisions, if any.  REQUIRED SIGNATURE:	S. My r or an authorized representative of a member
E V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of	r or an authorized representative of a member dance with section 605.0203 (1) (b), Florida Statutes. I am awaire that
REQUIRED SIGNATURE:  Signature of a member This document is executed in accordany false information submitted in a	dance with section 605.0203 (1) (b), Florida Statutes. I am aware that document to the Department of State constitutes a third degree felony
Signature of a member This document is executed in accordany false information submitted in a ns provided for in s.817.155, F.S.	dance with section 605.0203 (1) (b), Florida Statutes. I am aware that document to the Department of State constitutes a third degree felony
Signature of a member This document is executed in accordany false information submitted in a as provided for in s.817.155, F.S.	dance with section 605.0203 (1) (b), Florida Statutes. I am aware that document to the Department of State constitutes a third degree felony
Signature of a member This document is executed in accordany false information submitted in a as provided for in s.817.155, F.S.	dance with section 605.0203 (1) (b), Florida Statutes. I am aware that document to the Department of State constitutes a third degree felony