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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD

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EXAMINER



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SECRETARY OF STATE
TALLAHASSEE, FLORID

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COVER LETTER .

TO: Registration Section Division of Corporations		
SUBJECT: Navig8 USA L.L.C.		
	of Resulting Florida Limited Company)	
	, Articles of Organization, and fees are submitted to convert an Limited Liability Company" in accordance with s. 608.439, F.S.	
Please return all correspondence concer	ning this matter to:	
Phil Garfinkle		
(Contact Person)		
Navig8 USA LLC		
(Firm/Company)		
1031 1st. Street S Unit 604		
(Address)		
Jacksonville Beach, FL 32250		
(City, State and Zip Co		
phil@planetcotton.com		
E-mail address: (to be used for future annual re	port notifications)	
For further information concerning this	matter, please call:	
Phil Garfinkle	at (904) 435-5040	
(Name of Contact Person)	(Area Code and Daytime Telephone Number)	
Enclosed is a check for the following an	nount:	
\$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	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P. O. Box 6327	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate 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.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certif	ncate of	ť	
Conversion is:	25 6.7	12	
Navig8 USA, Inc.	- Lud	E	, wy (-
(Enter Name of Other Business Entity)	±1⊓ 1>==1	C	i j
	SS &	ယ်	i de la constante de la consta
2. The "Other Business Entity" is a <u>corporation</u>		7	
(Enter entity type. Example: corporation, limited partnership,	70	بب	
general partnership, common law or business trust, etc.)	STATE	Ω. Α.	A. THE
	· 57	6	
first organized, formed or incorporated under the laws of Florida			
(Enter state, or if a non-U.S. entity, the name of the country)			
0/00/44			
on <u>6/22/11</u>			,
(Enter date "Other Business Entity" was first organized, formed or incorp	orated	1)	
which it is now organized, formed or incorporated:			
4. The name of the Florida Limited Liability Company as set forth in the attached Arti Organization:	cles of		-
Navig8 USA LLC			
(Enter Name of Florida Limited Liability Company)			
5. If not effective on the date of filing, enter the effective date:			
(The effective date: 1) cannot be prior to nor more than 90 days after the date this filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective attached Articles of Organization, if an effective date is listed therein.)			
6. The conversion is permitted by the applicable law(s) governing the other business ent	ity and	the	

conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

Signed this 7 day or	November November	20 <u>12</u> .	
Signature of Member or Au	ıthorized Representat	ive of Limited Liability Company:	•
		is document are true. Any false info	rmation
constitutes a third degree fel	ony as provided for in .	s.817.155, F.S.	
Signature of Member or Auth Printed Name: Phil Garfinkle	orized Representative:	ell ell	
Printed Name: Phil Garfinkle	i	Title: Incorporator / CEO	_
	<u></u>	Time: Incorporator / OLO	_
Signature(s) on behalf of Otl	er Business Entity: Inc	dividual(s) signing affirm(s) that the	facts stated in
this document are true. Any	false information cons	titutes a third degree felony as provid	ded for in
s.817.155, F.S. [See below fg]			
DOL WILL			
Signature: MA			_
Printed Name: Phil Garfinkle		Title: Managing Partner	
	•		
Signature:		Title:	<u> </u>
Printed Name:		Title:	_
Signature:	 	Title:	_
Printed Name:		Title:	- ,
G : .			•
Signature:		T'A	-
Printed Name		Title:	- .
Signature:		·	
Printed Name:		Title:	-
Timod I valido.		1100.	•
Signature:			• a
Printed Name:		Title:	••
			-
If Florida Corporation:			
Signature of Chairman, Vice C	hairman, Director, or O	fficer.	
If Directors or Officers have no	ot been selected, an Inco	rporator must sign.	•
•		•	
If Florida General Partnersh		Partnership:	
Signature of one General Partn	er.		
TETTI - 23 T to 24 3 D - 4	·	T	,
If Florida Limited Partnersh Signatures of ALL General Pa		Limited Partnership:	
Signatures of ALL General Pa	riners.	,	
All others:			
Signature of an authorized pers	von		
organization of an authorized pers	VII.		
Fees:		•	
<u> </u>			
Certificate of Conversion:	\$25.00		•
	7-1-100		

\$30.00 (Optional) \$5.00 (Optional) Page 2 of 2

\$125.00

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 Company is:

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member W G M	Phil GARFINKLE 1031 12 Street & Unit 604 Jacksonville Beach, FL 32250
<u>. </u>	
(Use attachment if necessary)	,
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be rior to or 90 days after the date of filing.)	e date of filing: (OPTIONAL) t be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
$\Omega \cap I$	0 11010

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Phi GALFINKE

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)