# L14000109422

(Requestor's Name)
(Address)
·
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
#13-30626 (Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.
JUL 1 0 2016
A. LUNT
. 111 22 NO
W14-39018

Office Use Only



800261384638

06/19/14--01018--015 \*\*185.00

2811 JUL -9 AN IO 29



June 23, 2014

ELIZABETH SUKIE 1517 HASTINGS PATH LAKELAND, FL 33809

We have received your document for SUKIE'S AVIATION COMPLIANCE SOLUTIONS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt Regulatory Specialist II

Letter Number: 514A00013572

# **COVER LETTER**

SUBJECT: Sukie's Aviation Compliance Solutions, Inc.  (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:  Elizabeth Sukie  (Contact Person)  Sukie's Aviation Compliance Solutions  (Firm/Company)  1517 Hastings Path  (Address)  Lakeland, Florida 33809  (City, State and Zip Code)  info@sukiesaviation.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Elizabeth Sukie  (Name of Contact Person)  (Area Code)  (Daytime Telephone Number)  Enclosed is a check for the following amount:	TO: Registration Section Division of Corporations			
(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:  Elizabeth Sukie  (Contact Person)  Sukie's Aviation Compliance Solutions (Firm/Company)  1517 Hastings Path (Address)  Lakeland, Florida 33809 (City, State and Zip Code) info@sukiesaviation.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Elizabeth Sukie  (Name of Contact Person) (Area Code) (Daytime Telephone Number)  Enclosed is a check for the following amount:	SUBJECT: Sukie's Aviation Complia	ance Solutions, Inc.		
Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.  Please return all correspondence concerning this matter to:  Elizabeth Sukie  (Contact Person)  Sukie's Aviation Compliance Solutions  (Firm/Company)  1517 Hastings Path  (Address)  Lakeland, Florida 33809  (City, State and Zip Code) info@sukiesaviation.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Elizabeth Sukie  (Name of Contact Person)  Enclosed is a check for the following amount:  \$\Begin{array}{c} \ 954 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				<del></del>
Elizabeth Sukie  (Contact Person)  Sukie's Aviation Compliance Solutions  (Firm/Company)  1517 Hastings Path  (Address)  Lakeland, Florida 33809  (City, State and Zip Code) info@sukiesaviation.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Elizabeth Sukie  at (954 ) 591-6863  (Name of Contact Person)  Enclosed is a check for the following amount:  \$\Begin{array}{c} \text{S155.00 Filing Fees} \Bigsin{array}{c} \text{S180.00 Filing Fees} \Bigsin{array}{c} \text{S185.00 Filing Fees}, \text{S185.00 Filing Fees}				
(Contact Person)  Sukie's Aviation Compliance Solutions  (Firm/Company)  1517 Hastings Path  (Address)  Lakeland, Florida 33809  (City, State and Zip Code) info@sukiesaviation.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Elizabeth Sukie  at (954) (Name of Contact Person)  Enclosed is a check for the following amount:  \$150.00 Filing Fees \$185.00 Filing Fees \$180.00 Filing Fees,	Please return all correspondence concern	ning this matter to:		
Sukie's Aviation Compliance Solutions  (Firm/Company)  1517 Hastings Path  (Address)  Lakeland, Florida 33809  (City, State and Zip Code) info@sukiesaviation.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Elizabeth Sukie  at (954 ) 591-6863  (Name of Contact Person)  Enclosed is a check for the following amount:  \$\textstyle{\textstyle{1}}\$\$ \$\textstyle{1}\$\$\$ \$\textstyle{1}\$\$\$ \$\textstyle{1}\$\$\$\$ \$\textstyle{1}\$\$\$\$ \$\textstyle{1}\$\$\$\$\$\$\$\$\$ \$\textstyle{1}\$	Elizabeth Sukie			
(Firm/Company)  1517 Hastings Path  (Address)  Lakeland, Florida 33809  (City, State and Zip Code) info@sukiesaviation.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Elizabeth Sukie  (Name of Contact Person)  (Area Code)  (Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\Begin{array}(100) \text{ \$150.00 Filing Fees} \text{ \$180.00 Filing Fees}  \$	(Contact Person)			
1517 Hastings Path  (Address)  Lakeland, Florida 33809  (City, State and Zip Code) info@sukiesaviation.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Elizabeth Sukie  at (954) 591-6863  (Name of Contact Person)  Enclosed is a check for the following amount:  \$\Begin{array}{c} \text{S150.00 Filing Fees} \Begin{array}{c} \text{S180.00 Filing Fees} \Begin{array}{c} \text{S185.00 Filing Fees}, \text{S185.00 Filing Fees}	Sukie's Aviation Compliance Solutio	ons		28
(Address)  Lakeland, Florida 33809  (City, State and Zip Code)  info@sukiesaviation.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Elizabeth Sukie  at (954 ) 591-6863  (Name of Contact Person) (Area Code) (Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\Begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	(Firm/Company)			
Lakeland, Florida 33809  (City, State and Zip Code)  info@sukiesaviation.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Elizabeth Sukie  at (954 ) 591-6863  (Name of Contact Person)  (Area Code) (Daytime Telephone Number)  Enclosed is a check for the following amount:	1517 Hastings Path			
E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Elizabeth Sukie  at (954 ) 591-6863  (Name of Contact Person)  Enclosed is a check for the following amount:  \$\Begin{align*} \text{S150.00 Filing Fees} \Begin{align*} \text{S185.00 Filing Fees} \end{align*}  \$\Begin{align*} \text{S185.00 Filing Fees} \end{align*}  \$\Begin{align*} \text{S185.00 Filing Fees} \end{align*}	(Address)			F77 -4-
E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Elizabeth Sukie  at (954 ) 591-6863  (Name of Contact Person)  Enclosed is a check for the following amount:  \$\Begin{align*} \text{Sukie} & \text{QS4} \\ \text{(Area Code)} \text{(Daytime Telephone Number)}  \end{align*}  \$150.00 Filing Fees \$\Begin{align*} \text{S150.00 Filing Fees} \Begin{align*} \text{S185.00 Filing Fees} \\ \text{S185.00 Filing Fees} \end{align*}	Lakeland, Florida 33809			
E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Elizabeth Sukie  at (954 ) 591-6863  (Name of Contact Person)  Enclosed is a check for the following amount:  \$\Begin{align*} \text{S150.00 Filing Fees} \Begin{align*} \text{S185.00 Filing Fees} \end{align*}  \$\Begin{align*} \text{S185.00 Filing Fees} \end{align*}  \$\Begin{align*} \text{S185.00 Filing Fees} \end{align*}		le)		<u> </u>
For further information concerning this matter, please call:  Elizabeth Sukie  at (954) 591-6863  (Name of Contact Person) (Area Code) (Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\Begin{array} \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$	• •	,		5月 29
Elizabeth Sukie  at (954) 591-6863  (Name of Contact Person)  (Area Code) (Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	E-mail Address: (to be used for future annua	al report notifications)		ţ.
(Name of Contact Person) (Area Code) (Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\Begin{align*} \$150.00 \text{ Filing Fees} & \Begin{align*} \$185.00 \text{ Filing Fees} & \Begin{align*} \$\$185.00 \text{ Filing Fees} & \Be	For further information concerning this	matter, please call:		
(Name of Contact Person) (Area Code) (Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\Begin{align*} \$150.00 \text{ Filing Fees} & \Begin{align*} \$185.00 \text{ Filing Fees} & \Begin{align*} \$\$185.00 \text{ Filing Fees} & \Be	Elizabeth Sukie	at (954	591-6863	
□ \$150.00 Filing Fees □\$155.00 Filing Fees □\$180.00 Filing Fees,	(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)	
	Enclosed is a check for the following an	nount:		
& \$125 for Articles Status Certificate of Status	(\$25 for Conversion and Certificate of	es \$180.00 Filing F and Certified Copy	Certified Copy, and	
Registration Section Registration Section	STREET ADDRESS: Registration Section	Registra	tion Section	
	Division of Corporations			
Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle			

INHS11 (02/14)

Tallahassee, FL 32301

### **Articles of Conversion**

For

# "Other Business Entity"

Into

### Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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 Sukie's Aviation Compliance Solutions, Inc.	of Convers	ien is:	
(Enter Name of Other Business Entity)	777 C 3	_	Pag-1
2. The "Other Business Entity" is a Corporation		F -9	ant. ₹^
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)		3701	į.
First organized, formed or incorporated under the laws of Florida	<i>~~</i>	藁	į,
March 14, 2013 (Enter state, or if a non-U.S. entity, the nan	ne of the cou	intropo	
(date of organization, formation or incorporation)	•		
3. The name of the Florida Limited Liability Company as set forth in the attached Articles	s of Orgai	ıization	1:
Sukie's Aviation Compliance Solutions, LLC			
(Enter Name of Florida Limited Liability Company)			
4. If not effective on the date of filing, enter the effective date:  (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 9 date this document is filed by the Florida Department of State; AND 2) must be the sa date listed in the attached Articles of Organization, if an effective date is listed therein	me as the		ve
5. The plan of conversion has been approved in accordance with as 605 1041-605 1046			

Page 1 of 2

1 1		
Signed this 16 day of JUNE	20 <u></u>	
Signature of Authorized Representative of Li	mited Liability Company:	
	A)	
Signature of Authorized Representative:		
Printed Name: Elizabeth Sukie	Title: Owner	
Signature(s) on behalf of Other Business Entity	[See below for required signatu	re(s).]
Signature: January 1910/18		
Printed Name: Jodelle Pamphile	Title: President	
Signature:		
Printed Name:	Title:	<del></del>
Timed Ivane.		28
Signature:Printed Name:	<u> </u>	211 JU
Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title	Film.
Timed Ivane.	11110.	
Signature:Printed Name:		Ş
Printed Name:	Title:	~~~
Signature:		
Printed Name:		
IS Florida Companyation		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director,	or Officer	
If Directors or Officers have not been selected, an		
if Directors of Officers have not occur selected, an	meorporator must sign.	
If Florida General Partnership or Limited Lial	oility Partnership;	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liab Signatures of <u>ALL</u> General Partners.	pility Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion:	\$25.00	
Fees for Florida Articles of Organization	-	
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:

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address:  Mailing Address:	
1517 Hastings Path1517 Hastings PathLakeland, Florida 33809Lakeland, Florida 33809	
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:	
Elizabeth Sukie	y mpr.
Name	
1517 Hastings Path	
Florida street address (P.O. Box NOT acceptable)	
Lakeland FL 33809	
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)

Page 1 of 2

The name and address of each Company:	
Title:	Name and Address:
"AMBR" = Authorized Men "MGR" = Manager	
Authorized Mgr	ELizabeth Sukie
	1517 Hastings Path
	Lakeland Florida 33809
Authorized Mgr	Jodelle Pamphile
	1517 Hastings Path
	Lakeland Florida 33809
	629 27
	(1) = (1) = (1)
an effective date is listed, the da	r than the date of filing:
RTICLE V: Effective date, if othe an effective date is listed, the date or 90 days after the date of filing.	r than the date of filing:
RTICLE V: Effective date, if othe an effective date is listed, the da	r than the date of filing:
RTICLE V: Effective date, if othe an effective date is listed, the date or 90 days after the date of filing.	r than the date of filing: (OPTIONAL te must be specific and cannot be more than five business of the control of the
RTICLE V: Effective date, if othe an effective date is listed, the date or 90 days after the date of filing. RTICLE VI: Other provisions, if a	r than the date of filing: (OPTIONAL te must be specific and cannot be more than five business of the control of the
RTICLE V: Effective date, if othe an effective date is listed, the date or 90 days after the date of filing.  RTICLE VI: Other provisions, if a  REQUIRED SIGNATURE  Signature of a	r than the date of filing: (OPTIONAL te must be specific and cannot be more than five business of any.
RTICLE V: Effective date, if othe an effective date is listed, the date or 90 days after the date of filing.  RTICLE VI: Other provisions, if a  REQUIRED SIGNATURE  Signature of a  (In accordance with section 50)	r than the date of filing:
RTICLE V: Effective date, if othe an effective date is listed, the date of 90 days after the date of filing.  RTICLE VI: Other provisions, if a  REQUIRED SIGNATURE  Signature of a (In accordance with section 60 constitutes an affirmation under	r than the date of filing:
RTICLE V: Effective date, if othe an effective date is listed, the date of 90 days after the date of filing.  RTICLE VI: Other provisions, if a  REQUIRED SIGNATURE  Signature of a (In accordance with section 60 constitutes an affirmation under I am aware that any false inform	r than the date of filing:
RTICLE V: Effective date, if othe an effective date is listed, the date of 90 days after the date of filing.  RTICLE VI: Other provisions, if a   REQUIRED SIGNATURE  Signature of a  (In accordance with section 60 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	r than the date of filing:
RTICLE V: Effective date, if othe an effective date is listed, the date of 90 days after the date of filing.  RTICLE VI: Other provisions, if a  REQUIRED SIGNATURE  Signature of a (In accordance with section 60 constitutes an affirmation under I am aware that any false inform	r than the date of filing:
RTICLE V: Effective date, if othe an effective date is listed, the date of 90 days after the date of filing.  RTICLE VI: Other provisions, if a   REQUIRED SIGNATURE  Signature of a  (In accordance with section 60 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	r than the date of filing:
RTICLE V: Effective date, if other an effective date is listed, the date of 90 days after the date of filing.  RTICLE VI: Other provisions, if a  REQUIRED SIGNATURE  Signature of a  (In accordance with section 60 constitutes an affirmation under I am aware that any false information constitutes a third degree felony  Elizabeth St.  Filing Fees:	r than the date of filing: