L14000139678

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Fed Transit Sofety Systems, LCC
(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:
Contact Person) Fed Transit Safety Systems, LLC (Firm/Company)
2401 Summerifico Ro. (Address)
WINTER LARY, FL 34793 (City, State and Zip Code)
decollierecfl. rr. con
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Davis Comer " (863) 1034-10156
(Name of Contact Person) at (863) 634-6154 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\sum_{\text{\$150.00 Filing Fees}} \ \text{\$\sum_{\text{\$155.00 Filing Fees}} \ and Certificate of \ and Certified Copy \ \text{\$25 for Articles} \ \text{\$\text{\$Certified Copy}, and Certificate of Status} \ \text{\$\text{\$0f Organization}} \]
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 26, 2014

DAVID COLLIER FED TRANSIT SAFETY SYSTEMS, LLC 2401 SUMMERFIELD RD WINTER PARK, FL 32792

SUBJECT: FED TRANSIT SAFETY SYSTEMS, LLC

Ref. Number: W14000039958

We have received your document for FED TRANSIT SAFETY SYSTEMS, LLC and your check(s) totaling \$150.00. 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.

Teresa Brown
Regulatory Specialist II

www.sunbiz.org

Letter Number: 114A00013960

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 Conversion is:
Fedtransit Safety Systems, INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a College Corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on 9/28/3005 (date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Fed Transit Sofety Systems, LLC
(Enter Name of Morida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: ON RECEIST. (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)
5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

Page 1 of 2

Signed this <u>Syru</u> day of <u>Sons</u>	_20_14
Signature of Authorized Representative of Limi	
Signature of Authorized Representative:	Title: Tresoresy
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).
Signature: Printed Name: Occupant	Title: Ramanara
Signature:Printed Name:	_ Title:
Signature:Printed Name:	
Signature:Printed Name:	Title
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili 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.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fed Transit Safety Systems UC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
(Must end with 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: Mailing Address:
WINTER PARK, FC WINTER PARK, FC 32792
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:
Name
and Summer FIELD RD.
Florida street address (P.O. Box NOT acceptable)
WINTER PARK FL 32787
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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Davis Callier
1181	2401 SURMERESELA RO.
	WINTER PARK TO 2016
	78.10
(Use attachment if necessary) CLE V: Effective date, if other than the	he date of filing: (OPTIONAL
LE V: Effective date, if other than the	he date of filing: (OPTIONAL of be specific and cannot be more than five business da
LE V: Effective date, if other than the other than the other date is listed, the date must days after the date of filing.)	he date of filing: (OPTIONAL of be specific and cannot be more than five business de
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	et be specific and cannot be more than five business de
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member	oer or an authorized representative of a member.
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member accordance with section 605.0203	per or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member accordance with section 605.0203 institutes an affirmation under the period of the effective date of the effective date.	per or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document malties of perjury that the facts stated herein are true.
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member accordance with section 605.0203 institutes an affirmation under the permaware that any false information is	per or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document malties of perjury that the facts stated herein are true. submitted in a document to the Department of State
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member accordance with section 605.0203 institutes an affirmation under the permanagement of the	per or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document analties of perjury that the facts stated herein are true. Submitted in a document to the Department of State evided for in s.817.155, F.S.)
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member accordance with section 605.0203 institutes an affirmation under the permanagement of the	per or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document malties of perjury that the facts stated herein are true. submitted in a document to the Department of State

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

ARTICLE IV-

Page 2 of 2

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)