L1500082760

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

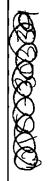
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2015 APR 21 P 1: 28



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April 29, 2015

ROBERT COHEN 6562 WILDEMEADE ST TALLAHASSEE, FL 32309

SUBJECT: ROBERT S. COHEN HOMELAND SECURITY L.L.C.

Ref. Number: W15000030334

We have received your document for ROBERT S. COHEN HOMELAND SECURITY L.L.C. and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE CONVERSION YOU ARE TRYING TO FILE IS ILLEGIBLE. THE NAME OF THE BUSINESS ENTITY IN WHICH YOU ARE CONVERTING FROM NEEDS TO BE LISTED AS IT IS REGISTERED WITH OUR OFFICE.

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.

Terri J Schroeder Regulatory Specialist II

Letter Number: 615A00008800

COVER LETTER

Division of	Cornorations			. H .
SUBJECT:	HOMELAND,	Security an	D Organizational	LEADERSHIP "LLC."
	(Namo	e of Resulting Florida	Limited Company)	•
			on, and fees are submitted to one in accordance with s. 605.10	
Please return all cor	respondence concernit	ng this matter to:		
RoBert	S. Cohen	v		
	(Contact Person)			
	(Firm/Company)			
6562	WILDEMEADE	PL		
	(Address)			
TAllahawed	: FloriDA	323 04		
((City, State and Zip Code)			
	Bat yahoo.com		•	
E-mail Address: (to	be used for future annual re	eport notifications)		
For further informat	ion concerning this ma	itter, please call:		
POBETTE. C	Cohen	n (250)	509-2568	
(Name of Cont	act Person)	(Area Code)	509-2568 (Daytime Telephone Number)	
Enclosed is a check	for the following amou	int:		
□ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing F and Certified Copy		heck ALMADY) WILLD IN
STREET ADDRES Registration Section			NG ADDRESS: ion Section	
Division of Corporat	ions		of Corporations	
Clifton Building 2661 Executive Cent	er Circle	P. O. Bo Tallahasi	X 0327 see - F1 - 32314	

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.

Homeland Sewrity and 6 (Enter Name of Other	Business Entity)	, ,	
2. The "Other Business Entity" is a cor	poration		
(Enter entity type	Example: corporation rship, common law or b		
First organized, formed or incorporated under the 1	aws ofFU	oriDA	
on Oct 31, 2014 (date of organization, formation or incorporation)	(Enter state, or if	a non-U.S. entity, the	name of the country)
(date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Comp	pany as set forth in	the attached Artic	les of Organization:
HomeLand Sewrity and Orga (Enter Name of Florida Limited	NIZATONER	Leadenhip"	LLC."
(Enter Name of Florida Limited	Liability Company)		
4. If not effective on the date of filing, enter the ef	fective date:		
(The effective date: 1) cannot be prior to date of		ate nor more than	90 days after the
date this document is filed by the Florida Depar			
date listed in the attached Articles of Organizati Note: If the date inserted in this block does not meet the app			
document's effective date on the Department of State's record		•	
5. The plan of conversion has been approved in acc	ordance with all ap	plicable statutes.	
		Es	20
			2015
'	Page 1 of 2	الرائد الرائد الرائد الرائد الرائد الرائد الرائد ا	20
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		rico comet	

Signed this 7. day of MAY	20	
Signature of Authorized Representative of Lin		
Signature of Authorized Representative: Representative: Printed Name: Rebest S. Cohen	1 Cohen Dresi Deal	
Printed Name: FEET 4. CONCR	Title:	-
Signature(s) on behalf of Other Business Entity:	•	
Signature: M Cohen Printed Name: PoBert & Cohen	Title:	-
Signature:		_
Signature: Printed Name:	Title:	-
Signature:		_
Signature:Printed Name:	Title:	-
Signature:		_
Signature: Printed Name:	Title:	-
Signature:		_
Signature: Printed Name:	Title:	-
Signature:	•	
Printed Name:	Title:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or		
If Directors or Officers have not been selected, an Ir	acorporator must sign.	
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity Partnership:	
If Florida Limited Partnership or Limited Liabil Signatures of <u>ALL</u> General Partners.	ity Limited Partnership:	
All others: Signature of an authorized person.		2
⁷ ces:		2015 APR
Articles of Conversion:	\$25,00	2
Fees for Florida Articles of Organization:	\$125.00	U
Certified Copy: Certificate of Status:	05.00 (Optionar)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Homeli	(Must end with the words "Limited	Organ Liability Compan	124 feval v. "L.L.C.," or "LLC.")	leaderhip U.C."
ARTICLE II			,	
	- Address: Idress and street address of th	ne principal o	ffice of the Limite	ed Liability Company is:
		,		
Principal Offi	ce Address:	<u>Mailin</u>	g Address:	
6562 V	ULDEMEADE OL	4-5	AME	
tollah mu	ullemealle pl e, fl 2309			
3:	2369			<u> </u>
(The Limited Liabil business entity wit	- Registered Agent, Registative Company cannot serve as its own Finan active Florida registration.)	Registered Agent.	You must designate an	
The name and	he Florida street address of t	he registered	agent are:	
	Robert &	Cohen		
	Roßert &	ame		
	6562 WILDE	me alle	0L	
	Florida street address (
	,		<u> </u>	
	City	FL	32309	
	City		Zip	
liability co registered ago statutes rela	named as registered agent ar impany at the place designate ent and agree to act in this ca iting to the proper and complo obligations of my position as	d in this certi, pacity. I furth ete performan	ficate, I hereby acc ner agree to compl ce of my duties, an	ept the appointment as y with the provisions of all ad I am familiar with and

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MG/L	Roisert S. Cohen 6562 WILDEMEADE AL
	6562 WILDEMEADE A
	tallahouseer, FL 32369
	
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	20 P
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	<u> </u>
effective date is listed, the date m	n the date of filing: (OPTIONAL ust be specific and cannot be more than five business da
CLE V: Effective date, if other than effective date is listed, the date in 0 days after the date of filing.)	n the date of filing: (OPTIONAL ust be specific and cannot be more than five business da neet the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than effective date is listed, the date m 0 days after the date of filing.) If the date inserted in this block does not m	n the date of filing: (OPTIONAL ust be specific and cannot be more than five business da neet the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than effective date is listed, the date m 0 days after the date of filing.) If the date inserted in this block does not must's effective date on the Department of State VI: Other provisions, if any. REQUIRED SIGNATURE:	the date of filing:
CLE V: Effective date, if other than effective date is listed, the date m 0 days after the date of filing.) If the date inserted in this block does not must's effective date on the Department of State VI: Other provisions, if any. REQUIRED SIGNATURE:	n the date of filing: (OPTIONAL ust be specific and cannot be more than five business dancet the applicable statutory filing requirements, this date will not be listate's records.
CLE V: Effective date, if other than effective date is listed, the date m 0 days after the date of filing.) If the date inserted in this block does not mnt's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.02 onstitutes an affirmation under the provision of the content of the con	n the date of filing:
CLE V: Effective date, if other than effective date is listed, the date m 0 days after the date of filing.) If the date inserted in this block does not mnt's effective date on the Department of State of the Dep	n the date of filing: