# 

| (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: |
|   |
| W15-34146                               |

Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 14, 2015

BRIGETTE HARMS 3530 KRAFT ROAD, SUITE 203 NAPLES, FL 34105

SUBJECT: JGW AVIATION I LLC Ref. Number: W15000034146

We have received your document for JGW AVIATION I LLC and your check(s) totaling \$155.00. 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 of your filing will be considered abandoned.

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

Deborah Bruce Regulatory Specialist II

Letter Number: 115A00010108

### **COVER LETTER**

| SUBJECT: JGW Aviation !                                  | LLC  |                                       |                            |                       |
|--|--|---------------------------------------|----------------------------|-----------------------|
|  | (Name o                                    | of Resulting Florida                  | Limited Company)           | - <del></del>         |
| The enclosed Articles of C<br>Business Entity" into a "F |  |                                       |                            |                       |
| Please return all correspon                              | ndence concerning                          | g this matter to:                     |                            |                       |
| Brigette Harms   |  |                                       |                            |                       |
| (Co  | ontact Person)                             |                                       |                            |                       |
| Advocate Consulting Legal Grant                          | oup, PLLC                                  |                                       |                            |                       |
| (Fi  | rm/Company)                                |                                       |                            |                       |
| 3530 Kraft Road, Suite 203                               |  |                                       |                            |                       |
|  | (Address)                                  |                                       |                            |                       |
| Naples, FL 34105   |  |                                       |                            |                       |
| (City, S   | tate and Zip Code)                         |                                       |                            |                       |
| brigetteh@advocatetax.com                                |  |                                       |                            |                       |
| E-mail Address: (to be used                              | for future annual rep                      | port notifications)                   |                            |                       |
| For further information co                               | ncerning this mat                          | ter, please call:                     |                            |                       |
| Brigette Harms   |  | at ( <sup>239</sup>                   | 213-0066                   |                       |
| (Name of Contact Per                                     | son)                                       |                                       | (Daytime Telephone Number) | )                     |
| Enclosed is a check for the                              | e following amou                           | nt:                                   |                            | 20 20                 |
|  | 155.00 Filing Fees<br>Certificate of<br>us | □\$180.00 Filing I and Certified Copy |                            | 2015 MAY 15 PM 12: 51 |
| STREET ADDRESS:  |  | MAILI                                 | NG ADDRESS:                | See See               |
| Registration Section                                     |  | _                                     | ation Section              | <u> </u>              |
| Division of Corporations                                 |  | Division                              | n of Corporations          | -                     |

Tallahassee, FL 32314

P. O. Box 6327

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

TO: Registration Section

Division of Corporations

## **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.

| <ol> <li>The name of the "Other Business Entity" immediately prior to the filing of the Articles<br/>JGW Aviation I LLC</li> </ol>  | of Conversion is:     |
|---|-----------------------|
| (Enter Name of Other Business Entity)   |                       |
| 2. The "Other Business Entity" is a   |                       |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)   |                       |
| First organized, formed or incorporated under the laws of   |                       |
| 05/01/2012 (Enter state, or if a non-U.S. entity, the n   | ame of the country)   |
| (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:  |
| JGW Aviation I 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 date this document is filed by the Florida Department of State; AND 2) must be the date listed in the attached Articles of Organization, if an effective date is listed there Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date | same as the effective |
| document's effective date on the Department of State's records.   | AHAY T                |
| 5. The plan of conversion has been approved in accordance with all applicable statutes.   | TASSET TO             |
| Page 1 of 2   | PH IZ: 58             |

| Signed this 5th day of May                            | 20_15                                 |
|---|---------------------------------------|
| Signature of Authorized Representative of Limi        |                                       |
| Signature of Authorized Representative:               | Wille                                 |
| Signature of Authorized Representative:               | Pitle: Member                         |
| Printed Name; Jerry G. Wilke                          | Lune: Memori                          |
| Signature(s) on behalf of Other Business Entity:      | [See below for required signature(8)] |
| Signature: Long 6 Withe                               |                                       |
| Printed Name: Jerry & Wilke                           | Title: Was-la-C                       |
| _)  |                                       |
| Signature: Printed Name:                              | ·                                     |
| Printed Name:   | Title:                                |
|   |                                       |
| Signature:  |                                       |
| Signature:Printed Name:                               | Title:                                |
| ,   |                                       |
| Signature:  |                                       |
| Signature: Printed Name:                              | Title:                                |
|   |                                       |
| Signature:Printed Name:                               | Title                                 |
| Frinted (value,                                       | 1 rdc                                 |
| Signature   |                                       |
| Signature: Printed Name:                              | Title:                                |
| Timot Panio.  | Itto.                                 |
| If Florida Corporation:                               |                                       |
| Signature of Chairman, Vice Chairman, Director, or    | r Officer.                            |
| If Directors or Officers have not been selected, an I | ncorporator must sign.                |
| ·   | •                                     |
| If Florida General Partnership or Limited Liabi       | lity Partnership;                     |
| Signature of one General Partner.                     |                                       |
|   |                                       |
| If Florida Limited Partnership or Limited Liabi       | lity Limited Partnership:             |
| Signatures of ALL General Partners.                   |                                       |
| All others:   |                                       |
| Signature of an authorized person.                    |                                       |
| Digitality of the anticornect person.                 |                                       |
| Fees:   | •                                     |
| 4 <del>. *</del> .                                    |                                       |
| Articles of Conversion:                               | \$25.00                               |
| Fees for Florida Articles of Organization:            |                                       |
| Certified Copy:                                       | \$30.00 (Optional)                    |
| Certificate of Status;                                | \$5.00 (Optional)                     |
|   | · · · · · · · · · · · · · · · · · · · |

Page 2 of 2

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Li  | mited Liability Company   | S:  |
|---|---|---|
| JGW Aviation 1 LLC  |   |   |
| (Mı   | ast end with the words "Limited Lie   | bility Company, "L.L.C.," or "ILC.")  |
| ARTICLE II - Ac   | •   | 1 1 CC Ed. Vinited Visitin Company  |
| The maning address  | ss and street address of the  | principal office of the Limited Liability Company is  |
| Principal Office A  | Address:  | Mailing Address:  |
|   |   |   |
| 1849 Honduras Ave   |   | 1849 Honduras Ave   |
| Marco Island, FL 34  ARTICLE III - F (The Limited Liability (                         | Registered Agent, Registe   | 1849 Honduras Ave  Marco Island, FL 34145  red Office, & Registered Agent's Signature: egistered Agent You must designate an individual or another        |
| Marco Island, FL 34  ARTICLE III - F (The Limited Linbility C bosiness entity with an | Registered Agent, Registe<br>Company cannot serve as its own R<br>active Florida registration.)<br>Florida street address of the  | Marco Island, FL 34145  red Office, & Registered Agent's Signature: egistered Agent You must designate an individual or another                           |
| ARTICLE III - F (The Limited Linbility C bosiness entity with an                      | Registered Agent, Registe<br>Compuny cannot serve as its own R<br>active Florida registration.)  Florida street address of the Jerry G. Wilke                                 | Marco Island, FL 34145  red Office, & Registered Agent's Signature: egistered Agent You must designate an individual or another                           |
| ARTICLE III - F<br>(The Limited Liability C<br>bosiness entity with an                | Registered Agent, Registe<br>Compuny cannot serve as its own R<br>active Florida registration.)  Florida street address of the Jerry G. Wilke                                 | Marco Island, FL 34145  red Office, & Registered Agent's Signature: egistered Agent You must designate an individual or another the registered agent are: |
| ARTICLE III - F<br>(The Limited Liability C<br>bosiness entity with an                | Registered Agent, Registered Agent, Registered Agent, Registered as its own Rective Florida registration.)  Florida street address of the Jerry G. Wilke  N 1849 Honduras Ave | Marco Island, FL 34145  red Office, & Registered Agent's Signature: egistered Agent You must designate an individual or another the registered agent are: |
| ARTICLE III - F<br>(The Limited Liability C<br>bosiness entity with an                | Registered Agent, Registered Agent, Registered Agent, Registered as its own Rective Florida registration.)  Florida street address of the Jerry G. Wilke  N 1849 Honduras Ave | Marco Island, FL 34145  red Office, & Registered Agent's Signature: egistered Agent You must designate an individual or another the registered agent are: |

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

2015 MAY 15 PM IZ: 58

| Title:   | Name and Address:   |
|--|---|
| "AMBR" = Authorized Member   | Transcalle Father Cont  |
| "MGR" = Manager  |   |
| AMBR   | Jerry G. Wilke  |
|  | 1849 Honduras Ave   |
| ·  | Marco Island, FL 34145  |
|  |   |
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| (Use attachment if necessary)  |   |
|  |   |
| int's effective date on the Department of State  | the applicable statutory filing requirements, this dute will not be listed as 's records.   |
| If the date inserted in this block does not meet int's effective date on the Department of State'  CLE VI: Other provisions, if any.   | the applicable statutory filing requirements, this dute will not be listed as 's records.   |
| nt's effective date on the Department of State   | the applicable statutory filing requirements, this date will not be listed as 's records.   |
| nt's effective date on the Department of State  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:   | 's records.   |
| nt's effective date on the Department of State  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:   | eng & Willer  |
| nt's effective date on the Department of State  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member  | error an authorized representative of a member.   |
| REOURED SIGNATURE:  Signature of a member (In accordance with section 605.0205)  | er or an authorized representative of a member.   |
| REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0205 onstitutes an affirmation under the pen  | er or an authorized representative of a member.  (3), Florida Statutes, the execution of this document halbes of perjury that the facts stated herein are true.   |
| REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0205 onstitutes an affirmation under the pension aware that any false information signature.  | er or an authorized representative of a member.  (3), Florida Statutes, the execution of this document halties of perjury that the facts stated herein are true, bubmitted in a document to the Department of State   |
| REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0205 onstitutes an affirmation under the pension aware that any false information signature.  | er or an authorized representative of a member.  (3), Florida Statutes, the execution of this document halties of perjury that the facts stated herein are true, submitted in a document to the Department of State wided for in s.817.155, F.S.)   |
| REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0205 onstitutes an affirmation under the pen am aware that any false information stonstitutes a third degree felony as proving the pen are that any false information stonstitutes a third degree felony as proving the pen are that any false information stonstitutes a third degree felony as proving the pen are that any false information stonstitutes a third degree felony as proving the pen are that any false information stonstitutes a third degree felony as proving the pen are that any false information stonstitutes a third degree felony as proving the pen are that any false information stonstitutes at the pen are that any false information stonstitutes at the pen are that any false information stonstitutes at the pen are that any false information stonstitutes at the pen are that any false information stonstitutes at the pen are that any false information stonstitutes at the pen are that any false information stonstitutes at the pen are that any false information stonstitutes at the pen are that any false information stonstitutes at the pen are that any false information stonstitutes at the pen are that any false information stonstitutes at the pen are the pen ar | er or an authorized representative of a member.  (3), Florida Statutes, the execution of this document halties of perjury that the facts stated herein are true, hubmitted in a document to the Department of State wided for in s.817.155, F.S.)  Jeny G. Wilke  |
| REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0205 onstitutes an affirmation under the pen am aware that any false information stonstitutes a third degree felony as proving the pen are that any false information stonstitutes a third degree felony as proving the pen are that any false information stonstitutes a third degree felony as proving the pen are that any false information stonstitutes a third degree felony as proving the pen are that any false information stonstitutes a third degree felony as proving the pen are that any false information stonstitutes a third degree felony as proving the pen are that any false information stonstitutes at the pen are that any false information stonstitutes at the pen are that any false information stonstitutes at the pen are that any false information stonstitutes at the pen are that any false information stonstitutes at the pen are that any false information stonstitutes at the pen are that any false information stonstitutes at the pen are that any false information stonstitutes at the pen are that any false information stonstitutes at the pen are that any false information stonstitutes at the pen are that any false information stonstitutes at the pen are the pen ar | er or an authorized representative of a member.  (3), Florida Statutes, the execution of this document halties of perjury that the facts stated herein are true, hubmitted in a document to the Department of State wided for in s.817.155, F.S.)  Jeny G. Wilke  Speed or printed name of signee   |
| REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0205 onstitutes an affirmation under the pen am aware that any false information stonstitutes a third degree felony as proving the pen are section 605.0205 onstitutes a third degree felony as proving the pen are section 605.0205 onstitutes a third degree felony as proving the pen are section 605.0205 onstitutes a third degree felony as proving the pen are section 605.0205 onstitutes a third degree felony as proving the pen are section 605.0205 onstitutes a third degree felony as proving the pen are section 605.0205 onstitutes a third degree felony as proving the pen are section 605.0205 onstitutes a third degree felony as proving the pen are section 605.0205 onstitutes at  | er or an authorized representative of a member.  5 (3), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. Submitted in a document to the Department of State vided for in s.817.155, F.S.)  Jeny G. Wilke yped or printed name of signee  Filing Fees  |
| REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0205 onstitutes an affirmation under the pen arm aware that any false information stonstitutes a third degree felony as proving the section of the pen arm aware that any false information stonstitutes a third degree felony as proving the section of the pen arm aware that any false information stonstitutes a third degree felony as proving the section of the pen arm aware that any false information stonstitutes a third degree felony as proving the section of the pen arm aware that any false information stonstitutes a third degree felony as proving the section of the pen arm aware that any false information stonstitutes at the pen arm aware that any false information stonstitutes at the pen arm aware that any false information stonstitutes at the pen arm aware that any false information stonstitutes at the pen arm aware that any false information stonstitutes at the pen arm aware that any false information stonstitutes at the pen arm aware that any false information stonstitutes at the pen arm aware that any false information stonstitutes at the pen arm aware that any false information stonstitutes at the pen arm aware that any false information stonstitutes at the pen arm aware that any false information stonstitutes at the pen arm aware that any false information stonstitutes at the pen arm aware that any false information stonstitutes at the pen arm aware that a pen arm a pen ar | er or an authorized representative of a member.  (a), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. State in a document to the Department of State wided for in s.817.155, F.S.)  Jerry G. Wilke the properties of Registered Agent of Organization and Designation of Registered Agent. |

ARTICLE IV-

815 MAY 15 PH 12: 58