# 160m 35491

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



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FEB 2 2 2016

T. SCOTT



February 9, 2016

JOHN S FRALEY 135 WESTON ROAD SUITE 222 WESTON, FL 33326

SUBJECT: FRALEY INVESTIGATIONS, LLC

Ref. Number: W16000009300

We have received your document for FRALEY INVESTIGATIONS, 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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) 245-6052.

Letter Number: 416A00002576

Tyrone Scott Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

Division of Corporations			
SUBJECT: FRALEY INVESTIGATIONS, LLC			
	of Resulting Florida	Limited	Company)
The enclosed Articles of Conversion, Articles Business Entity" into a "Florida Limited Li	les of Organization ability Company	on, and	I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:		
JOHN S. FRALEY			
(Contact Person)			
FRALEY INVESTIGATIONS, LLC			
(Firm/Company)			
135 WESTON ROAD SUITE 222			
(Address)			
WESTON, FL 33326			
(City, State and Zip Code)			
jfraley885@bellsouth.net			
E-mail Address: (to be used for future annual rep	port notifications)		
For further information concerning this mat	ter, please call:		
JOHN S. FRALEY	at ( <sup>954</sup>	651-04	<b>15</b> 1
(Name of Contact Person)	(Area Code)	(Dayt	ime Telephone Number)
Enclosed is a check for the following amou	nt:		
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing I and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILI	NG A	DDRESS:
Registration Section	Registra		
Division of Corporations Clifton Building	Divisior P. O. Bo		orporations
2661 Executive Center Circle		-	L 32314

Tallahassee, FL 32301

TO: Registration Section

#### **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:  AIRTIGHT SECURITY, INC - 100 (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of FLORIDA
NOVEMBER 12, 1996 (Enter state, or if a non-U.S. entity, the name of the country)
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: FRALEY INVESTIGATIONS LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: FEBRUARY 1, 2016
(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.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.

Page 1 of 2

Signed this 19th day of JANUARY	20_16
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative:	hete le
Printed Name: JOHN S. FRALEY	Title: OWNER and PRESIDENT
Finited Name, John S. I KALLI	Title. Overthe and TRESIDENT
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name JOHN S. FRALEY	
Printed Name JOHN S. FRALEY	Title: PRESIDENT
Signaturo:	
Signature:Printed Name:	Title
Timed Name.	
Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name:	mo: .1
Printed Name:	1 tue:
Signature:	
Printed Name:	Title:
•	
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In	
,	
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnership:
Signature of one General Partner.	
<u>If Florida Limited Partnership or Limited Liabili</u>	ty I imited Doutnambin.
Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
organization of <u>Frests</u> Gordona Familions.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
	` <b>t</b> /

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	ony io
The name of the Emitted Elability Comp	any is.
FRALEY INVESTIGATIONS, LLC	
(Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address o	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
FRALEY INVESTIGATIONS, LLC	FRALEY INVESTIGATIONS, LLC
546 PATIO VILLAGE WAY	135 WESTON ROAD SUITE 222
WESTON, FL 33326	WESTON, FL 33326
The name and the Florida street address of JOHN S. FRALEY	Name
546 PATIO VILLAGE V	VAY
	ss (P.O. Box <u>NOT</u> acceptable)
WESTON,	FL 33326
City	Zip
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con	and to accept service of process for the above stated limited that all this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all applete performance of my duties, and I am familiar with and in as registered agent as provided for in Chapter 605, F.S
Registered Agent	L's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

CB 22 MM (5.5 MT)

<u>Title:</u> "AMBR" = Authorized Member	
"AMBR" = Authorized Member	Name and Address:
UN (CID!) = X (	
"MGR" = Manager	JOHN S. FRALEY
AWDR	546 PATIO VILLAGE WAY
	WESTON, FL 33326
	<u> </u>
ment's effective date on the Department of Stat	
If the date inserted in this block does not mee iment's effective date on the Department of Stat FICLE VI: Other provisions, if any.	
If the date inserted in this block does not mee ment's effective date on the Department of Stat  FICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	Athale
EXAMPLE 2 If the date inserted in this block does not meet ment's effective date on the Department of State  FICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a ment (In accordance with section 605.020 constitutes an affirmation under the permanent of the p	Der or an authorized representative of a member.  25 (3), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. Submitted in a document to the Department of State
EXAMPLE 2 If the date inserted in this block does not meet ment's effective date on the Department of State FICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a ment (In accordance with section 605.020 constitutes an affirmation under the per I am aware that any false information constitutes a third degree felony as pro-	Der or an authorized representative of a member.  25 (3), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. Submitted in a document to the Department of State
E: If the date inserted in this block does not meet ment's effective date on the Department of State  FICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a ment (In accordance with section 605.020 constitutes an affirmation under the per I am aware that any false information constitutes a third degree felony as pro-	Der or an authorized representative of a member.  25 (3), Florida Statutes, the execution of this document enalties 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

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)