L/6000473/2

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

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OIVISION OF CORPORATIONS

COVER LETTER

TO: Registration S Division of C					
SUBJECT: Premier F	ire Consulting Services, L	LC			
50D0EC1.		of Resulting Florida	_imite	ed Company)	
				nd fees are submitted to convert an "O ccordance with s. 605.1045, F.S.	ther
Please return all corr	espondence concerning	g this matter to:			
Dennis W. Smith					
	(Contact Person)				
Premier Fire Consulting	Services, LLC				
	(Firm/Company)				
8690 Brookvale Drive					
	(Address)				
Windermere, FL 34786					
(1	City, State and Zip Code)				
dsmith@premierfirecons	sulting.com				
E-mail Address: (to b	e used for future annual re	port notifications)			
For further informati	on concerning this ma	tter, please call:			
Dennis W. Smith		at (260	445-:	5340	
(Name of Conta	act Person)	(Area Code)	(Day	5340 ytime Telephone Number)	
Enclosed is a check t	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 I and Certified Copy		##\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES	S:	MAILI	NG A	ADDRESS:	
Registration Section		Registra			
Division of Cornerat	ione	Division	s of C	Cornorations	

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

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

1. The name of the "Other Busines Premier Fire Consulting Services, LLC	ess Entity" immediately prior to the filing of the Articles of Conversion is: $- \left(\begin{array}{c} 1 \\ 1 \end{array} \right) \left(\begin{array}{c} 1 \end{array} \right) \left(\begin{array}{c} 1 \\ 1 \end{array} \right) \left(\begin{array}{c} 1 \end{array} \right) \left(\begin{array}{c} 1 \\ 1 \end{array} \right) \left(\begin{array}{c} 1 \end{array} \right) \left($
	nter Name of Other Business Entity)
2. The "Other Business Entity" is	a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorpo	orated under the laws of Indiana
24 March 2010	(Enter state, or if a non-U.S. entity, the name of the country)
on(date of organization, formation or in	ncorporation)
3. The name of the Florida Limite	ed Liability Company as set forth in the attached Articles of Organization:
Premier Fire Consulting Services, LLC	
(Enter Nam	e of Florida Limited Liability Company)
4. If not effective on the date of f	iling, enter the effective date:
date this document is filed by th date listed in the attached Articl	e prior to date of receipt or filed date nor more than 90 days after the e Florida Department of State; <u>AND</u> 2) must be the same as the effective les of Organization, if an effective date is listed therein.) oes not meet the applicable statutory filing requirements, this date will not be listed as the nent of State's records.
5. The plan of conversion has been	n approved in accordance with all applicable statutes.

Page 1 of 2

Signed this 15 day of December	20_15
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Dennis W. Smith	Title: President
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Linux W. SMITH	Title: PUSIDENT
Signature:Printed Name:	
Printed Name:	Title:
Cianatura	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	Tid
Printed Name:	
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or 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 Liabili Signatures of <u>ALL</u> 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 Compar	nv is:
The name of the Minister Maconity Company	
Premier Fire Consulting Services, LLC	
(Must end with the words "Limited	d 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:
8690 Brookvale Drive	
Windermere, FL 34786	
ARTICLE III - Registered Agent. Regis	stered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	n Registered Agent. You must designate an individual or another
The name and the Florida street address of	f the registered agent are:
Dennis W. Smith	
	Name
8690 Brookvale Drive	
Florida street address	s (P.O. Box <u>NOT</u> acceptable)
Windermere	FL 34786
City	Zip
Having been named as resistant descript	and to accent service of process for the above stated limite

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

SHORE TARY OF STATE DIVISION OF CORPORATIONS

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Dennis W. Smith
	8690 Brookvale Drive
	Windermere, FL 34786

(Use attachment if necessary) CLE V: Effective date, if other than effective date is listed, the date mu	the date of filing: (OPTIONAL)
CLE V: Effective date, if other than effective date is listed, the date mu 0 days after the date of filing.) If the date inserted in this block does not ment's effective date on the Department of States	st be specific and cannot be more than five business day set the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than effective date is listed, the date mu 0 days after the date of filing.) If the date inserted in this block does not me	st be specific and cannot be more than five business day set the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than effective date is listed, the date mu 0 days after the date of filing.) If the date inserted in this block does not me nt's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	st be specific and cannot be more than five business day et the applicable statutory filing requirements, this date will not be list ate's records.
CLE V: Effective date, if other than effective date is listed, the date mu to days after the date of filing.) If the date inserted in this block does not me not's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	st be specific and cannot be more than five business day set the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than effective date is listed, the date mu to days after the date of filing.) If the date inserted in this block does not me ont's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed it am aware that any false info	st be specific and cannot be more than five business day et the applicable statutory filing requirements, this date will not be list ate's records.
CLE V: Effective date, if other than effective date is listed, the date mu to days after the date of filing.) If the date inserted in this block does not me nt's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed it am aware that any false inforconstitutes a third degree felo	set be specific and cannot be more than five business day bet the applicable statutory filing requirements, this date will not be list te's records. ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 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)