

File 0000060492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

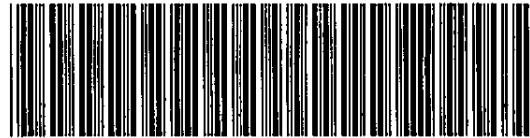
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/15/16--01018--029 **150.00

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MAR 15 2016
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Proav Management LLC
(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:

LJ Guest

(Contact Person)

Proav Management

(Firm/Company)

PO BOX 771793

(Address)

Ocala, FL 34477

(City, State and Zip Code)

Dean@proavmanagement.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

LJ Guest

at (352) 237-4030

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Proav Aviation Management, Inc.

Everything you need in aviation

March 9, 2016

Florida Department of State
Division of Corporations
Registration Section
PO BOX 6327
Tallahassee, FL 32314

Re: Conversion of existing Incorporation, Proav Aviation Management, Inc. to an LLC –
PROAV MANAGEMENT LLC.

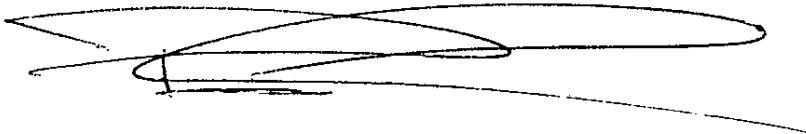
Dear Sir or Madam,

Enclosed is the form to convert the above mentioned incorporation to the specified LLC.

Also enclosed is a check in the amount of \$150.00 for the filing fees.

If you require anything else please feel free to contact my CFO at 352-237-4030.

Thanking you in advance for your assistance with this matter,



Dean Gibb
Owner /MGR of Proav Aviation Management Inc.

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
Proav Aviation Management Inc. 900-83391

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Incorporation
(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
on 09/01/2000 (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 Company as set forth in the **attached Articles of Organization**:

Proav Management 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 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.)

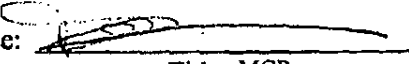
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

5. The plan of conversion has been approved in accordance with all applicable statutes.

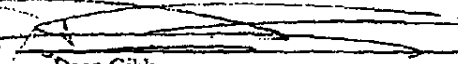
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Signed this 9th day of March 20 2016

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 
 Printed Name: Dean Gibb Title: MGR

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: 
 Printed Name: Dean Gibb Title: PD

Signature: _____
 Printed Name: _____ Title: _____

Signature: _____
 Printed Name: _____ Title: _____

Signature: _____
 Printed Name: _____ Title: _____

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 Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

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)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Proav Management 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:

1200 SW 60th Ave
Ocala, FL 34474

Mailing Address:

PO BOX 771793
Ocala, FL 34477

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:

Dean Gibb

Name

1002 SE 46th Street

Florida street address (P.O. Box **NOT** acceptable)

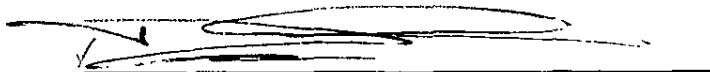
Ocala

City

FL 34480

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 MAR 15 AM 12:58
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MAR 15 2015
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FLORIDA
JUDICIAL CIRCUIT IN AND FOR
HAMILTON COUNTY

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

Dean Gibb

1002 SE 46th Street

Ocala, FL 34480

Shannon Gibb

1002 SE 46th Street

Ocala, FL 34480

(Use attachment if necessary)

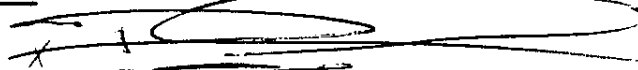
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Dean Gibb

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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MAR 15 AM 10:58
CLERK OF CIRCUIT COURT
STATE OF FLORIDA
16 MAR 15 AM 10:58