# L/6000102353

(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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05/20/16--01023--019 \*\*185.00

05/26/16

### **COVER LETTER**

<b>TO:</b> Registration 5 Division of C					
	•	PORT SERVICES I	LC		
SUBJECT:	(Name o	of Resulting Florida	Limite	d Company)	
				d fees are submitted to conve ccordance with s. 605.1045, F	
Please return all corr	espondence concerning	g this matter to:			
EVEL	YN R GONZALEZ EA				
	(Contact Person)	·····			
ACCOUNTING C	ENTER FOR SMALL BUS	SINESS LLC			
	(Firm/Company)				
5	701 DOGWOOD DR				
	(Address)				
C	RLANDO FL 32807				
(1	City, State and Zip Code)				
Ä	ACCORL@AOL.COM				
E-mail Address: (to b	oe used for future annual re	port notifications)			
For further informati	on concerning this ma	tter, please call:			
EVELYN R GONZ	ALEZ, EA MBA	_at ( <u>407</u>	281-(	)227	
(Name of Conta	act Person)	(Area Code)	(Day	ytime 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 and Certified Copy		\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES	S:	MAILI	NG A	ADDRESS:	
Registration Section		<del>-</del>		Section	
Division of Corporat	tions			Corporations	
Clifton Building		P. O. Be	OX OS	141	

Tallahassee, FL 32314

2661 Executive Center Circle

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  FALCON SKYCAP SERVICES CORP
(Poq-055512) (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
on 05/16/2016 06/25/2009 (Enter state, or if a non-U.S. entity, the name of the country) (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
FALCON AIRPORT SERVICES 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.

Page 1 of 2

Signed th	nis <u>17</u>	day of	MAY		20_16	<del>.</del>	
						lity Company:	
Signature	of Author	rized Repres	entative:	(llu)	Illen		
Printed N	lame: U	RIEL HERRE	DA Z		Title:	PRESIDENT	
							-
Signatur	e(s) on beh	alf of Other	Business En	tity: JS	<u>ee</u> _below	for required signature(s)	
<b>G</b> ' '			DA /	[[]	1///		
Signature Drinted N	i	IDIEI HEDDE	DA C	ur,	Title	PRESIDENT	-
rimedi	ame	KILL HEKKE	- J		1 IIIe	TREBIDE! VI	-
Signature	<b>:</b> :						
							<b>-</b> -
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1 Hilled IV	tanic			.,	, Title		-
If Florid	a Corpora	tion:					
			iirman, Direc	tor, or O	fficer.		
If Directo	ors or Offic	ers have not	been selected	l, an Inco	rporator	must sign.	
Y 0 771 1 1					<b>T</b>	• •	
			or Limited 1	<u>Liability</u>	Partner	<u>rship:</u>	
Signature	or one Ge	neral Partner	•				
If Florid	a Limited	Partnership	or Limited I	Liability	Limited	l Partnership:	
		General Parti				<del></del>	
All other							
Signature	e of an auth	orized perso	n.				
Éags:							
<u>Fees:</u>							
A	Articles of 0	Conversion:			\$25.00		
			s of Organiza	ation:	\$125.00	•	
	Certified Co					(Optional)	
	Certificate of				,	Optional)	
					•	-	

16 HE 70 PH 2: 35

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nat The name of the L	me: imited Liability Company	is:	·		
	FALCON AIRPORT				
(M	ust end with the words "Limited Lia	ability Company, "	'L.L.C.," or "LLC."	)	
ARTICLE II - Ac The mailing addre	Idress: ss and street address of the	principal offi	ice of the Limit	ted Liability Compan	y is:
Principal Office A	Address:	Mailing	Address:		
9069 LEE VISTA BL			VISTA BLVD S	ΓE 1210	
ORLANDO FL 3282	9	ORLAND	O FL 32829		
The name and the	Florida street address of the URIEL HE	Ū	gent are:		
	<del></del>	ame			
	0040 7 FIE 1 MOT	A DE VO COM L	•••		
	9069 LEE VIST Florida street address (I				
		10. Box 1101	<u>r</u> acceptancy		
	ORLANDO	FL	32829		
	City		Zip		
liability com registered agent statutes relatin		d in this certificacity. I further the performance registered against the control of the control	icate, I hereby over agree to come to come of my duties, ent as provided	accept the appointment ply with the provision and I am familiar wit	it as is of all h and
	(CON)	(INUED)		<u> </u>	
	Door	1.667		. in	

ARTICLE IV-		
The name and address of each person	authorized to manage and control the	Limited Liability
Company:	•	
CTT 4.3	<b>N</b> Y <b>N</b> A <b>N</b> N	

"AMBR" = A	uthorized Member		
"MGR" = $Max$			
MGR	mager	URIEL HERRERA	
	<del></del>	9069 LEE VISTA BLVD STE 1210	
		ORLANDO FL 32829	
	······································		
	<del></del>		
<del></del>	· <del>,</del>		
		<del></del>	
CLE V: Effect	is listed, the date mu	the date of filing: (OPTION st be specific and cannot be more than five business	NAL) ss days p
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CLE V: Effect effective date i 00 days after th If the date inserted ent's effective date CLE VI: Other  REQUIRED  Th I ai	sisted, the date must be date of filing.) In this block does not me to on the Department of State provisions, if any.  Signature of a memiss document is executed in a ware that any false infonstitutes a third degree felo	et the applicable statutory filing requirements, this date will not te's records.  ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.	be listed a

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) Page 2 of 2