# L1600135115

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

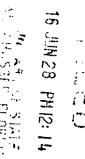
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06/17/16--01011--007 \*\*125.00

05/27/16--01006--008 \*\*35.00





#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 6, 2016

DAVID CRISTOL 8749 ROLLING BROOK LANE JACKSONVILLE, FL 32256

SUBJECT: DAC AERO, LLC Ref. Number: W16000041040

We have received your document for DAC AERO, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of 125.00 for the filing fee of the conversion. The wrong form was completed.,

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 816A00011870

### COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DAC AE	ERO, LLC ne of Resulting Florida Limited Company)
(Nan	ne of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Art Business Entity" into a "Florida Limited	ticles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concern	ing this matter to:
David Cristol (Contact Person)	
DAC AERO LLC (Firm/Company)	
(Firm/Company)	
8749 Rolling Brook	Lane
Jackson ville, FL 3225 (City, State and Zip Code	<u>56</u>
dcristol@gmaile E-mail Address: (to be used for Tuture annual	
For further information concerning this r	natter, please call:
David Cristol (Name of Contact Person)	at ( <u>904</u> ) <u>521-4232</u> (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following am	oount:
Bal. Die   35-20     \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)   Status	s
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327 Tallahassaa, Fl. 32314
2661 Evenutive Center Circle	Lallanaceco El 3/314

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 Statutes. 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: DAC AERO, INC. (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 (Enter state, or if a non-U.S. entity, the name of the country) 21/2013 (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: DAC AERO, LLC.
(Enter Name of Florida Limited Liability Company) 6/17/2016 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.

Page 1 of 2

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

Signed this day of	
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: David A Cristo	Title: Director
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Ad C W	
Printed Name: Dovid A Cristal	Title: Director
Signature:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y 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

	,	
	•	
DAC	AERO,	LLC.
(Must end with	the words "Limited	Liability Company, "L.L.C.," or "LLC.")

The name of the Limited Liability Company is:

#### **ARTICLE II - Address:**

**ARTICLE I - Name:** 

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
8749 Rolling Brook Lane Jacksonville, FL 32256	3749 Rolling Brook Lane Jacksonville, FL 32256
ARTICLE III - Registered Agent, Registe	ered 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:		<del>5</del>	
David A Cristol	27		•
Name	ر ش	28	,
8749 Rolling Brook Lane	[707]	P.M.	177
Florida street address (P.O. Box NOT acceptable)		₩	
Jacksonville FL 32256		2	
City 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)

Page 1 of 2

ARTICLE IV- The name and address of each personal Company:	on authorized to manage and control the Limited Liability
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	David A Cristol 8749 Rolling Brook Lone Jacksonville, FL 32256
<del></del>	
<del></del>	
· 	
(Use attachment if necessary)	
(If an effective date is listed, the date musto or 90 days after the date of filing.)	the date of filing: $6/17/2016$ (OPTIONAL) at be specific and cannot be more than five business days prior at the applicable statutory filing requirements, this date will not be listed as the e's records.
REQUIRED SIGNATURE:	A G GA
This document is executed in I am aware that any false info	per or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.
<u>Davi</u>	d A Cristol yped or printed name of signee
\$125.00 Filing Fee for Articles \$ 30.00 Certified Copy (Option	
	Page 2 of 2