L1600017/575

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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09/06/16--01030--028 **150.00



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COVER LETTER

SECUREAIRE LIMITED CLABILITY COMPANY

(Name of Resulting Florida Limited Company)

			d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
FRANK ST SECURCAINE	TAMA THIOS		
	(Contact Person)		
SECUREAIRE	LLC		
	(Firm/Company)		
3675-B 7	TAMPA ROAD		
	(Address)	· · · · · · · · · · · · · · · · · · ·	
OLD CMAR.	(Address) FC 346 City, State and Zip Code)	77	
((City, State and Zip Code)		
Estamatato	S @ Secureaire	., com	
E-mail Address: (to b	e used for future annual re	port notifications)	
For further information	on concerning this ma	tter, please call:	
	•	•	
Namu of Conta	ATATUS	_at (<u>Ø5/</u>) <u>Ø</u>	27 - 5426 /time Telephone Number)
(Name of Coma	ct reison)	(Area Code) (17a)	time rereptione number)
Enclosed is a check for	or 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 Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MAILING A	ADDRESS:
Registration Section		Registration 2	Section
Division of Corporati	ions	Division of C	•
Clifton Building		P. O. Box 63	
2661 Executive Cente	er Circle	Tallahassee,	FL 32314

Registration Section
Division of Corporations

TO:

SUBJECT: _

INHS11 (06/15)

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity" Into

Florida Limited Liability Company

FILED

2016 SEP -6 AM II: 01

TALLAHASSEE, FLORIDA

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: SECURI AIRE TNORPHATED PO4-51.036
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
on 3/23/2004 (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:
SECURCAIRE LIMITED LIABILITY COMPANY
(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

Signed this 25 th day of August	20 16	
		FILED
Signature of Authorized Representative of Limit	ted Liability Company:	MIR SED C
Signature of Authorized Representative: Frinted Name: FRANK STAWA THOS	Title: PRETIDENT / CEO	2016 SEP - 6 AMII: 01 SECTE MANY UF STATE
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)	• TOOLE, FLURIDA
Signature: The		
Printed Name: FRANK STAMATAMS	Title: PRESIDENT CEO	
Signature:	· · · · · · · · · · · · · · · · · · ·	_
Printed Name:	Title:	_ _
Signature:		
Signature:Printed Name:	Title:	-
Signature:		
Signature: Printed Name:	_ Title:	_ _
Signature:		
Printed Name:	Title:	- -
Signature:		
Printed Name:	Title:	-
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		
in precious of others have not been selected, an the	corporator must sign.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		
Fccs:		
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 Company is:

SECUREAIRE LIMITED L	LIADKITY COMPANY	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Com	pany is:
Principal Office Address:	Mailing Address:	
SECUREAGE, LLC	SETULEAINE, LIC	
SECUREMBE LLC 3675-B TAMPA ROAD OLDSMAR, FL 34677	3675-B THURA ROAD	
OUSMAR, R 3467)	OLDMAN, FC 34677	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		:
The name and the Florida street address of the re	gistered agent are:	
DONAN H. HO Name		c.a
Name		2016
2186 EDYTH	E DRIVE	SEF
Florida street address (P.O.	Box NOT acceptable)	-6 ====================================
<u>DUNEDIN</u> City	FL 34698	FILED SEP-6 AMII: 01
	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete particles accept the obligations of my position as regions. Registered Agent's Signature.	accept service of process for the above stat this certificale, I hereby accept the appoint ty. I further agree to comply with the proviserformance of my duties, and I am familiar istered agent as provided for in Chapter 60.	rea limited ment as sions of all with and

(CONTINUED)

Page 1 of 2

		2016 SED C =
Title:	Name and Address:	2016 SEP -6 AM 11:
"AMBR" = Authorized Member		TALL LHASSEE, FLOR
"MGR" = Manager	Tanda Conson	AND THASSEE, FLOR
MER	FRANK STAMATI	7/03
	2 WODDVALE HAVESITE, NY	
_		
_AMBR	MIKE WIXSON	<u>/</u>
	14900 W. 10	7th S72625 66215
	LENEXA, KS	66215
·		
		<u> </u>
		· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary) CLE V: Effective date, if other than the effective date is listed, the date must the days after the date of filing.)	e date of filing: be specific and cannot be m	(OPTIONAL) ore than five business day
CLE V: Effective date, if other than th	be specific and cannot be m the applicable statutory filing requi	ore than five business day
CLE V: Effective date, if other than the effective date is listed, the date must to days after the date of filing.) If the date inserted in this block does not meet ent's effective date on the Department of State	be specific and cannot be m the applicable statutory filing requi	ore than five business day
CLE V: Effective date, if other than the effective date is listed, the date must to days after the date of filing.) If the date inserted in this block does not meet ent's effective date on the Department of State CLE VI: Other provisions, if any.	be specific and cannot be m the applicable statutory filing requi	ore than five business day
CLE V: Effective date, if other than the effective date is listed, the date must to days after the date of filing.) If the date inserted in this block does not meet ent's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in a I am aware that any false inform	be specific and cannot be m the applicable statutory filing requi	rements, this date will not be listed that the control of a member. (b), Florida Statutes.
CLE V: Effective date, if other than the effective date is listed, the date must to days after the date of filing.) If the date inserted in this block does not meet ent's effective date on the Department of State. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the document is executed in a lam aware that any false inform constitutes a third degree felonger.	the applicable statutory filing requires records. er or an authorized representation submitted in a document to the	rements, this date will not be listed that the control of a member. (b), Florida Statutes.
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