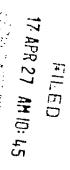
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T. BURCH APR 28 2017

T. BURCH

### COVER LETTER

| (Contact Person)  GULF ATLANTIC SERVICES LLC  (Firm/Company)  3700 NW 91ST STREET SUITE D400  (Address)  GAINESVILLE FL 32606  (City, State and Zip Code)  JREVIS.GAPD@GMAIL.COM  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  RANDY P CARTER  (Name of Contact Person)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  \$\int \frac{3150.00}{3} \frac{5185.00}{3} \frac{5185.00}{3} \frac{5185.00}{3} \frac{5185.00}{3} \frac{51110}{3} \frac{5185.00}{3} \frac{5110}{3} \frac{5185.00}{3} \frac{51110}{3} \frac{5185.00}{3} \frac{5110}{3}  | TO: New Filing Section Division of Corporations                                  |  |   |
|---|--|--|---|
| (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:  RANDY P CARTER  (Contact Person)  GULF ATLANTIC SERVICES LLC  (Firm/Company)  3700 NW 91ST STREET SUITE D400  (Address)  GAINESVILLE FL 32606  (City, State and Zip Code)  JREVIS.GAPD@GMAIL.COM  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  RANDY P CARTER  (Name of Contact Person)  (Name of Contact Person)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  S150.00 Filing Fees and Certificate of Status  S155.00 Filing Fees and Certificat copy and Certificat copy, and Certificat copy, and Certificat copy, and Certificat copy and Certificate of Status   | SURJECT. GULF ATLANTIC SERVICES  | LLC                                      |   |
| Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.  Please return all correspondence concerning this matter to:  RANDY P CARTER  (Contact Person)  GULF ATLANTIC SERVICES LLC  (Firm/Company)  3700 NW 91ST STREET SUITE D400  (Address)  GAINESVILLE FL 32606  (City, State and Zip Code)  IREVIS.GAPD@GMAIL.COM  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  RANDY P CARTER  (Name of Contact Person)  (Area Code)  (Daytime Telephone Number)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  S150.00 Filing Fees (325 for Conversion and Certificate of Status)  S150.00 Filing Fees and Certificate of Status  Certificate of Status   | (Name of   | Resulting Florida Limit                  | ed Company)   |
| (Contact Person)  GULF ATLANTIC SERVICES LLC  (Firm/Company)  3700 NW 91ST STREET SUITE D400  (Address)  GAINESVILLE FL 32606  (City, State and Zip Code)  JREVIS.GAPD@GMAIL.COM  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  RANDY P CARTER  at (386 362-5000 (Name of Contact Person) (Area Code) (Daytime Telephone Number)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  S150.00 Filing Fees (325 for Conversion Status Status Status Certificate of Status Certificate of Status   | The enclosed Articles of Conversion, Ar Business Entity" into a "Florida Limited | ticles of Organization Liability Company | on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S. |
| (Contact Person)  GULF ATLANTIC SERVICES LLC  (Firm/Company)  3700 NW 91ST STREET SUITE D400  (Address)  GAINESVILLE FL 32606  (City, State and Zip Code)  JREVIS.GAPD@GMAIL.COM  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  RANDY P CARTER  (Name of Contact Person)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  \$\int \frac{3150.00}{3} \frac{5155.00}{3} \frac{5155.00}{3} \frac{51110}{5} \frac{51100}{5}                                       | Please return all correspondence concern   | ning this matter to:                     |   |
| GULF ATLANTIC SERVICES LLC  (Firm/Company)  3700 NW 91ST STREET SUITE D400  (Address)  GAINESVILLE FL 32606  (City, State and Zip Code)  JREVIS.GAPD@GMAIL.COM  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  RANDY P CARTER  (Name of Contact Person)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  \$\int_{\text{3150.00 Filing Fees}} \bigcup_{\text{\$155.00 Filing Fees}} \bigcup_{\text{\$155.00 Filing Fees}} \bigcup_{\text{\$180.00 Filing Fees}} \bigcup_{\text{\$Certificate of Status}} \bi | RANDY P CARTER   |  |   |
| (Firm/Company)  3700 NW 91ST STREET SUITE D400  (Address)  GAINESVILLE FL 32606  (City, State and Zip Code)  JREVIS.GAPD@GMAIL.COM  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  RANDY P CARTER  (Name of Contact Person)  at (386 )362-5000  (Name of Contact Person)  (Name of Contact Person)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  \$\Begin{array} \text{\$\$\$\$ \$\$150.00 Filting Fees} & \Begin{array} \text{\$\$\$\$\$\$\$\$\$155.00 Filting Fees} & \text{\$\$\$\$\$\$\$\$\$\$\$\$and Certified Copy, and Certificate of Status}  \text{\$\$\$\$\$\$\$\$\$ \$\$100 Filting Fees} & \$  | (Contact Person)   | — . ····                                 |   |
| (Address)  GAINESVILLE FL 32606  (City, State and Zip Code)  JREVIS.GAPD@GMAIL.COM  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  RANDY P CARTER  (Name of Contact Person)  (Name of Contact Person)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  S150.00 Filing Fees (\$255 for Conversion and Certificate of Status)  S180.00 Filing Fees and Certificate of Status  Certificate of Status   | GULF ATLANTIC SERVICES LLC   |  |   |
| (Address)  GAINESVILLE FL 32606  (City, State and Zip Code)  JREVIS.GAPD@GMAIL.COM  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  RANDY P CARTER  (Name of Contact Person)  (Name of Contact Person)  (Area Code)  (Daytime Telephone Number)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  S150.00 Filing Fees (\$25 for Conversion and Certificate of Status of Organization)   | (Firm/Company)   |  |   |
| GAINESVILLE FL 32606  (City, State and Zip Code)  JREVIS.GAPD@GMAIL.COM  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  RANDY P CARTER  (Name of Contact Person)  at (386 362-5000 (Daytime Telephone Number)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  \$150.00 Filing Fees \$155.00 Filing Fees and Certificate of Status of Organization)  Status  Certificate of Status  | 3700 NW 91ST STREET SUITE D400   |  |   |
| (City, State and Zip Code)  JREVIS.GAPD@GMAIL.COM  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  RANDY P CARTER  at (386 362-5000 (Area Code) (Daytime Telephone Number)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  \$\frac{1}{2}\$  | (Address)  | <del>_</del>                             |   |
| E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  RANDY P CARTER  (Name of Contact Person)  at (386 )362-5000 (Name of Contact Person)  (Name of Contact Person)  (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  \$150.00 Filing Fees and Certificate of Status  (\$25 for Conversion and Certificate of Status)  (\$25 for Articles Status)  | GAINESVILLE FL 32606   |  |   |
| E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  RANDY P CARTER  at (386 )362-5000  (Name of Contact Person)  (Area Code) (Daytime Telephone Number)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  \$150.00 Filing Fees (\$25 for Conversion and Certificate of and Certified Copy and Certificate of Status of Organization)  | (City, State and Zip Code  | e)                                       |   |
| For further information concerning this matter, please call:  RANDY P CARTER  at (386 )362-5000  (Name of Contact Person)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  \$150.00 Filing Fees and Certificate of Status  \$180.00 Filing Fees and Certificate of Status  Certificate of Status  Certificate of Status   | JREVIS.GAPD@GMAIL.COM  |  |   |
| RANDY P CARTER  (Name of Contact Person)  (Area Code)  (Area Code)  (Daytime Telephone Number)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  \$\frac{150.00}{2}\$ Filing Fees  (\$\frac{1}{2}\$150.00 Filing Fees  (\$\frac{1}{2}\$155.00 Filing Fees  (\$\frac{1}{2}\$180.00 Filing Fees  (\$\frac{1}{2}\$185.00 Filing Fees,  (\$\frac{1}{2}\$16 Copy, and  Certificate of Status  Of Organization)  | E-mail Address: (to be used for future annual                                    | report notifications)                    |   |
| (Name of Contact Person)  at (Area Code) (Daytime Telephone Number)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  \$\Bigsim \frac{150.00}{2} \frac{155.00}{2} \frac{155.00}{2} \frac{180.00}{2} \frac{185.00}{2} \frac{185.00}{2} \frac{185.00}{2} \frac{1185.00}{2} 1185.   | For further information concerning this r  | natter, please call:                     |   |
| (Name of Contact Person)  (Area Code) (Daytime Telephone Number)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  \$150.00 Filing Fees  | RANDY P CARTER   | at ( <sup>386</sup>                      | 362-5000  |
| dollars and drawn on a bank located in the United States)  \$\begin{align*} \begin{align*} \begin                                       | (Name of Contact Person)   |  | / <del></del>   |
| (\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and & \$125 for Articles Status  of Organization)  Certificate of Status   |  |  | rocessed by this office must be payable in US   |
| CTDEET ADDDEED.   | (\$25 for Conversion and Certificate of  | s \$180.00 Filing and Certified Copy     | Certified Copy, and   |
| 5 I REE I ADDRESS: MAILING ADDRESS:   | STREET ADDRESS:  | MAILI                                    | NG ADDRESS:   |
| New Filing Section New Filing Section   | New Filing Section   |  |   |
|   | Division of Corporations Clifton Building  |  |   |

Tallahassee, FL 32314

32301

2661 Executive Center

Circle Tallahassee, FL

# **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 forewing "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:  GULF ATLANTIC SERVICES LLC # M 0100000323  |
|--|
| (Enter Name of Other Business Entity)  |
| 2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY  |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)  |
| First organized, formed or incorporated under the laws of  |
| DECEMBER 17, 1999  (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 GULF ATLANTIC 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 calendar 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. |

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

| Signed th              | is <u>13</u>                         | lay of <u>March</u>                      | 20 17 .                                 |
|------------------------|--------------------------------------|--|---|
| <u>Signatur</u>        | e of Authorize                       | ed Representative of Lin                 | nited Liability Company:                |
| Signature              | of Authorized                        | Representative:                          | Title: MANAGER                          |
| Printed N              | ame: RANDY P                         | CARTER                                   | Title: MANAGER                          |
| Signature              | e(s) on behalf o                     | of Other Business Entity:                | [See below for required signature(s)]   |
| Signature              | · Kand                               | PCarter                                  |   |
| Printed N              | ame: RANDY P                         | ÇARTER                                   | Title: MANAGER                          |
| Signature              | :                                    |  |   |
| Printed N              | ame:                                 |  | Title:                                  |
| Signature              | .•                                   |  |   |
| Printed N              | ame:                                 |  | Title:                                  |
|                        |                                      |  |   |
| Printed N              | ame:                                 |  | Title:                                  |
| Sionatura              |                                      |  |   |
| Printed N              | ame:                                 |  | Title:                                  |
|                        |                                      |  |   |
| Printed N              | ame:                                 |  | Title:                                  |
| 16121                  |                                      |  |   |
|                        | a Corporation<br>of Chairman,        | <u>:</u><br>Vice Chairman, Director, c   | or Officer.                             |
|                        |                                      | ave not been selected, an                |   |
| If Florid              | a General Par                        | nership or Limited Liab                  | ility Partnership:                      |
|                        | of one Genera                        |  |   |
|                        |                                      | nership or Limited Liab<br>ral Partners. | ility Limited Partnership:              |
| All other<br>Signature | es:<br>of an authoriz                | ed person.                               |   |
| Fees:                  |                                      |  |   |
| A                      | articles of Con                      | version:                                 | \$25.00                                 |
|                        |                                      | Articles of Organization                 |   |
|                        | Certified Copy:<br>Certificate of St | atus                                     | \$30.00 (Optional)<br>\$5.00 (Optional) |
| _                      | or timeate of Di                     | utus:                                    | Ψυίου (Optional)                        |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:  |   |
|--|---|
| The hame of the Elimied Elability Company is.  |   |
| GULF ATLANTIC SERVICES LLC   |   |
| (Must contain the words "Limited Liability   | Company, "L.L.C.," or "LLC.")                         |
| ARTICLE II - Address:  |   |
| The mailing address and street address of the pr   | incipal office of the Limited Liability Company is:   |
| Principal Office Address:  | Mailing Address:                                      |
| 3700 NW 91ST STREET, SUITE D400  | 3700 NW 91ST STREET, SUITE D400                       |
| GAINESVILLE FL 32606   | GAINESVILLE FL 32606                                  |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist |   |
| business entity with an active Florida registration.)  |   |
| The name and the Florida street address of the re  | egistered agent are:                                  |
| RANDY P CARTER   |   |
| Name   |   |
| 3700 NW 91ST STREET, SUITE   | D400  |
| Florida street address (P.O  | Box NOT acceptable)                                   |
| GAINESVILLE  | FL 32606  |
| City   | Zip   |
| Having been named as registered agent and to   | accept 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)

| <u>Title:</u>  | Name and Address:   |
|--|---|
| "AMBR" = Authorized Member   |   |
| "MGR" = Manager  |   |
| MGR  | RANDY P CARTER  |
|  | 3700 NW 91ST STREET SUITE D400  |
|  | GAINESVILLE FL 32606  |
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| (Use attachment if necessary)  | the data of filings (OPTIONAL)  |
| TICLE V: Effective date, if other than neffective date is listed, the date mur to or 90 calendar days after the date   | et the applicable statutory filing requirements, this date will not be listed   |
| TICLE V: Effective date, if other than n effective date is listed, the date mur to or 90 calendar days after the date. If the date inserted in this block does not mee   | est be specific and cannot be more than five business days<br>e of filing.)<br>et the applicable statutory filing requirements, this date will not be listed              |
| TICLE V: Effective date, if other than n effective date is listed, the date must to or 90 calendar days after the date. If the date inserted in this block does not mee ment's effective date on the Department of States.   | est be specific and cannot be more than five business days<br>e of filing.)<br>et the applicable statutory filing requirements, this date will not be listed              |
| TICLE V: Effective date, if other than n effective date is listed, the date must to or 90 calendar days after the date. If the date inserted in this block does not mee ment's effective date on the Department of States.   | est be specific and cannot be more than five business days<br>e of filing.)<br>et the applicable statutory filing requirements, this date will not be listed              |
| TICLE V: Effective date, if other than n effective date is listed, the date mur to or 90 calendar days after the date. If the date inserted in this block does not mee ment's effective date on the Department of State TICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of the date of the dat | 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 |
| TICLE V: Effective date, if other than n effective date is listed, the date mur to or 90 calendar days after the date. If the date inserted in this block does not mee ment's effective date on the Department of State TICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of the date of the dat | per or an authorized representative of a member.  accordance with section 605.0203 (1) (b), Florida Statutes.   |
| TICLE V: Effective date, if other than n effective date is listed, the date mur to or 90 calendar days after the date. If the date inserted in this block does not mee ment's effective date on the Department of State of  | 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 |

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

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