117000230258

(Requestor's Name)
(Address)
(Address)
(in the state of
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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T. BURCH NOV 8 2017

COVER LETTER

Division of Co	rporations			
SUBJECT: BAY SEC	URITY COMPANY, LLC			
SUBJECT:	(Name of Resu	ılting Florida Limited	Company)	
The enclosed Articles Business Entity" into	of Conversion, Articl a "Florida Limited Lia	es of Organization ability Company"	i, and fees are submitted to con in accordance with s. 605.1045	vert an "Othe , F.S.
Please return all corre	spondence concerning	this matter to:		
MICHAEL ROBINSON				
	(Contact Person)			
ROBINSON ACCOUNT	ING SERVICE			
	(Firm/Company)			
2335 E. BALDWIN RD.				
	(Address)			
PANAMA CITY, FL 324	05			
(0	ity, State and Zip Code)			
ROBINSONACCTG@K	NOLOGY.NET			,
E-mail Address: (to be	e used for future annual re	port notifications)		
For further information	on concerning this ma	tter, please call:		
MICHAEL ROBINSON		at ()	769-2331	
(Name of Conta	ct Person)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check f dollars and drawn on	or the following amou a bank located in the	nt: (All checks pro United States)	ocessed by this office must be p	ayable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing F and Certified Copy		
STREET ADDRESS New Filing Section Division of Corporat Clifton Building 2661 Executive Cent	ions	New Fili Division P. O. Bo	ing Section of Corporations ox 6327 see, FL 32314	

Tallahassee, FL 32301

TO: New Filing Section

Articles of Conversion

For

"Other Business Entity" Into

17 NOV -7 AH 10: 33

FILED

Into SMORE TARY OF STATE Florida Limited Liability Company FALLAHASSEE, 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: BAY SECURITY COMPANY INC.	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a CORPORATION (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)	
AUGUST 8, 2000 2005	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	
BAY SECURITY COMPANY, LLC	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: (The effective date: 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.) 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 this 31st day of OCTOBER	_ 20 <u>_17</u>
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative: Printed Name: TODD D. BRYANT	Title: AMER
Signature(s) on behalf of Other Business Entity: [5]	See below for required signature(s)]
Signature: Tool D. BRYANT Printed Name: TODD D. BRYANT	_ Title: PRESIDENT
Signature:Printed Name:	
Signature:Printed Name:	
Signature:Printed Name:	
Signature:	
Printed Name:	
Signature:Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc.	Officer. corporator must sign.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
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 1 - Name:

The name of the Limited Liability Company is:	
BAY SECURITY COMPANY, LLC	
(Must contain 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 Compa	ny is:

6504 AMMONS LANE
YOUNGSTOWN, FL 32466

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:

TODD D. BRYANT	
Na Na	me
6504 AMMONS LANE	
Florida street address (P	O. Box NOT acceptable)
YOUNGSTOWN	FL 32466
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)

	Name and Address:
<u>Title:</u> "AMBR" = Authorized Member	Mante and Adoress
"MGR" = Manager AMBR	TODD D. BRYANT
AWIDK	6504 AMMONS LANE
	YOUNGSTOWN, FL 32466
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LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Todal D. Ba	1M
Signature of a member of	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ument to the Department of State constitutes a third degree fe
Signature of a member of any false information submitted in a document	e with section 605.0203 (1) (b), Florida Statutes. I am aware ument to the Department of State constitutes a third degree fe
Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes. I am aware

ARTICLE IV-