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(Requestor's Name)			
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

Office Use Only



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SEGRETARY OF STATE
TALLAHASSEE, FLORIDA

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### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: TAB SECURITY LLC (Name of Resulting Florida Limited Company)
(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:
TAYLOR BELCHER III  (Contact Person)  TMB SECURIM INC  (Firm/Company)  PETS EMET ISLE TEERRACE  (Address)
TMB SECULING INC
8675 ELLET ISLE TEERRACE (Address)
LAKE WONTH FL 33467 (City, State and Zip Code)
HIKE, BELCHER & TMBSECURITY, COM E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Name of Contact Person) at (9/7) 576.0325 (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 & S125 for Articles of Organization)  S150.00 Filing Fees and Certificate of S180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building  MAILING ADDRESS: New Filing Section Division of Corporations Division of Corporations P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314

#### INHS11 (7/17)

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:    TMB SECYMENT   NOC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Conformal ATION  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of FLOR IDA (Enter state, or if a non-U.S. entity, the name of the country)
on O/96/90/6 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: // 30/17.  (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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.  THE TOWNS OF STATE ORDER.

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Signed this 16 day of North	nsen 2017
Signature of Authorized Representat	ive of Limited Liability Company:
Signature of Authorized Representative	: Vally Delate
Printed Name: They care BECCH	Ex Jour Title: Resident & CE &
Signature(s) on behalf of Other Busine	ess Entity: [See below for required signature(s)]
Signature: Val by 1	
Printed Name: TRYLON BR	LOHER TO Title: PRESIRAT + CADO
/	
Signature:	Title:
Timed Name.	
Signature:	Title:
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
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Signature:	Title:
Frinted Name.	Title.
If Florida Corporation:	0.07
Signature of Chairman. Vice Chairman. If Directors or Officers have not been see	
If Directors of Officers have not been se	rected, an incorporator must sign.
If Florida General Partnership or Lim	ited Liability Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Lim	ited Liability Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
<u>Fees:</u>	
A 1 C.C	eas (v)

Articles of Conversion: \$25.00
Fees for Florida Articles of Organization: \$125.00
Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)

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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
THE SECURITY 11	
(Must contain the words "Limited Liability Comp	any, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal	d office of the Limited Liability Company is:
	iling Address:
8675 BONET ISLE TEMPACE SO HAKE WONTH FL 33467 LA	ER WONTH, FL, 33467
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own Registered Agents) business entity with an active Florida registration.)	
The name and the Florida street address of the registe	red agent are:
TAYLOR BRICHA	er ut
Name	
8675 BORET 13	LE TORRACE
Florida street address (P.O. Box	NOT acceptable)
LAKE WERTH F	1 33467
City	Zip
Having been named as registered agent and to acceptional liability company at the place designated in this congistered agent and agree to act in this capacity. It is statutes relating to the proper and complete performaccept the obligations of my position as registere	ertificate. I hereby accept the appointment as further agree to comply with the provisions of all mance of my duties, and I am familiar with and
Registered Agent's Signature	SEGRETAR) REQUIRED)  (REQUIRED)
(CONTINUED)	me 💂 🎹

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	TAYLOR BELCHER ITT 8675 BELCHER ITT VAKE WORTH, FL 33467
	TALE 17
(Use attachment if necessary)  ICLE V: Other provisions, if any.	NOV 20 AM GRETARY OF A AASSEE, F
	8: 58 8: 58
REQUIRED SIGNATURE:	£ 5
This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware that nent to the Department of State constitutes a third degree felony
1/YLON BELCE	ten juli
	Filing Fees