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(Re	equestor's Name)		
(Ac	ldress)		
(Ac	idress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bı	usiness Entity Nan	ne)	
(Do	ocument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
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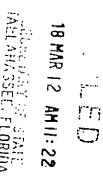
Office Use Only

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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 14, 2018

PAMELA GALLOWAY 14170 NEWBROOK DRIVE, SUITE 100 CHANTILLY, VA 20151

SUBJECT: FCI ENTERPRISES LLC Ref. Number: W18000014998



We have received your document for FCI ENTERPRISES LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is .

P98000026739

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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. \mathbb{S}^2 .

Nadira D McClees-Sams Regulatory Specialist II New Filing Section

Letter Number: 818A000032025

COVER LETTER

TO:	New Filing Se Division of Co				
CHIDI	ECT: FCI Enter	prises LLC			
SUBJ	EC1;		ulting Florida l	Limited Con	npany)
			_		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleasc	return all corro	espondence concerning	g this matter	to:	
Pamela	ı Galloway				
		(Contact Person)			
FC1 En	terprises LLC				
		(Firm/Company)			
14170	Newbrook Drive,	Suite 100			
		(Address)		<u>.</u>	
Chanti	lly, VA 20151				
	(0	City, State and Zip Code)			
Pamela	ı.galloway@fci.us				
E-n	nail Address: (to be	e used for future annual re	port notificatio	ns)	
For fu	rther information	on concerning this ma	tter, please c	all:	
Pamela	ı Galloway		_at (_ ⁷⁰³	940-3	3272
	(Name of Contact	ct Person)	(Area C	Code) (Day	rtime Telephone Number)
		or the following amou a bank located in the		•	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles inization)	□\$155.00 Filing Fees and Certificate of Status	1\$180.00 F and Certified	_	☐\$135.00 Filing Fees. Certified Copy, and Certificate of Status
New F Divisi Cliftor 2661 I	ET ADDRESS Filing Section on of Corporation Building Executive Center assee, FL 3230	ons er Circle	Ne Div P. 0	w Filing S vision of C O. Box 63	Corporations

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: Femme Comp Incorporated
(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)
on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
FCI Enterprises LLC Florida
(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.)
<u>Note:</u> 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.

ARTICLES	OF ORGANIZATION FOR	FLORIDA LIMITED LIAI	ILITY COMPANY
ARTICLE	- Name:		
	the Limited Liability Company	is:	
FCI Enterprise	s LLC Flor da		
	(Must contain the words "Limited Lieb	pility Company, "L.L.C.," or "LLC.")	
	II - Address: address and street address of the	principal office of the Limite	d Liability Company is:
			Liabinty Company is.
Principal O	ffice Address:	Mailing Address:	
14170 Newbro	ok Drive	14170 Newbrook Drive	
Suite 100		Suite 100	
Chantilly, VA	20151	Chantilly, VA 20151	
The name an	d the Florida street address of th	e registered agent are:	18 FALL
		ame	18 MAR 12
	1125 11th Avenue N		RI2
	Florida street address (F	P.O. Box NOT acceptable)	
	ST. Petersburg	FL 33705	[2] = [7]
	City	Zip	AHII: 22 AFLORIDA
	en named as registered agent an		or the above stated limited
	company at the place designated		
	agent and agree to act in this cap		
	elating to the proper and comple the obligations of my position as		
	Registered Agent's S	ignature (REQUIRED)	L
	(CONT	INUED)	

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

Title:	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager				
AMBR	John L Bronson			
	22098 Quail Pond Place			•
	Ashburn, VA 20148			
AMBR	Robert Knibb			•
	2960 Chainbridge Road N.W.			
	Washington, D.C. 20016			•
	V 0 11			
AMBR	Hagen Saville			•
	2008 Monument Avenue			-
	Richmond, VA 23220			-
		 		-
				•
				-
(He attachment if nagassam)				
(Use attachment if necessary)				
CLE V: Other provisions, if any.		<u> </u>	~	
CEE v. Outer provisions, it only.		1> =	<u>=</u>	
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REQUIRED SIGNATURE:			<u></u>	
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(aux	/ / Mus	<u> </u>	~	_
Signature of a member o	r an authorized representative of a m	iember	,	
This document is exacuted in accordant	e with section 605.0203 (1) (b), Florida Statute ument to the Department of State constitutes a	25. I AIII k	iwaic i	hat lony
Da	niel J. Muse			_
T				
1	yped or printed name of signee Filing Fees			

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