L18000144136

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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SECRETARY OF STATE
FALL AHASSEE, FLORIDA

JUN 1 3 2018 T SCHROEDER

COVER LETTER

TO:	New Filing S Division of C				
CHD	LUCT. Norman	Aircraft Leasing Inc.			
SUD	JEC1:	(Name of Res	sulting Florida Limit	ed Con	npany)
			_		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
Micha	el Filon				
		(Contact Person)			
382 C	onstruction LLC				
		(Firm/Company)			
2041 5	Vista Parkway, Lev	vel 2			
		(Address)			
West I	Palm Beach, FL 33	3411			
	(1	City, State and Zip Code)	_		
accour	nting@gregnorma	ı,com			
E-1	mail Address: (to b	oe used for future annual re	port notifications)		
For fi	arther informati	on concerning this ma	-		
Micha	el Filon		_at (561	640-7	7000
	(Name of Conta	act Person)	(Area Code)	(Day	time Telephone Number)
		for the following amou a bank located in the	•	rocess	sed by this office must be payable in US
(\$25 id & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STRI	EET ADDRES	S:	MAILI	NG A	ADDRESS:
	Filing Section		New Fi		
	ion of Corporat	ions	Divisio P. O. B		Corporations
	on Building Executive Cent	er Circle			FL 32314

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.

	(Enter Name of Other Business Entity)
2. The "Other Bu	siness Entity" is a Corporation
·	entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, for	ormed or incorporated under the laws of
9/27/1993 on	
	tion, formation or incorporation)
3. The name of the	ne Florida Limited Liability Company as set forth in the attached Articles of Organization:
382 Construction LL	C
	(Enter Name of Florida Limited Liability Company)
	on the date of filing, enter the effective date: te: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
(The effective da the date this doc Note: If the date inse	on the date of filing, enter the effective date: te: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after ument is filed by the Florida Department of State.) erted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
(The effective da the date this doc Note: If the date inse document's effective	te: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after ument is filed by the Florida Department of State.) Extend in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Printed Name: Greg Norman Title: DVP Signature: Title: Signature of Chairman, Director, or Officer. Signature of Chairman, Vice Chairman, Director, or Officer. Signature of Officers have not been selected, an Incorporator must sign. Signature of one General Partnership or Limited Liability Partnership: Signature of one General Partners. Signatures of ALL General Partners. All others: Signature of an authorized person.	Signed this 6	day of June	20_18
Signature Printed Name; Chris Dillavou Title: SVP Signature: Printed Name; Greg Norman Title: DVP Signature: Printed Name; Greg Norman Title: DVP Signature: Title: DVP Signature: Title: Signature: Signature: Title: Signature of Chairman. Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others: Signature of an authorized person.	Signature of Author	ized Representative of	Limited Liability Company:
Signature Printed Name; Chris Dillavou Title: SVP Signature: Printed Name; Greg Norman Title: DVP Signature: Printed Name; Greg Norman Title: DVP Signature: Title: DVP Signature: Title: Signature: Signature: Title: Signature of Chairman. Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others: Signature of an authorized person.	Signature of Authoriz Printed Name: Michael	zed Representative: Filon	Liebarl Jl
Printed Name: Chris Dillavou Signature: Printed Name: Greg Norman Title: DVP Signature: Printed Name:	Signature(s) on behal	lf of Other Business Ent	
Printed Name: Chris Dillavou Signature: Printed Name: Greg Norman Title: DVP Signature: Printed Name:	Signature		
Signature:		llavou	Title: SVP
Printed Name: Greg Norman Title: DVP Signature: Title: Signature of Chairman, Director, or Officer. Signature of Chairman, Vice Chairman, Director, or Officer. Signature of Officers have not been selected, an Incorporator must sign. Signature of one General Partnership or Limited Liability Partnership: Signature of one General Partners. Signatures of ALL General Partners. All others: Signature of an authorized person.			
Printed Name:	Printed Name: Greg No	ritiail	Title: DVP
Printed Name:	Signature:		
Printed Name:	Printed Name:		Title:
Printed Name:	Signature:		
Printed Name:			
Printed Name:	Sionature		
Printed Name:	Printed Name:		Title:
Printed Name:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others: Signature of an authorized person.	Signature: Printed Name:		Title:
Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others: Signature of an authorized person.			
If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others: Signature of an authorized person.	<u>lf Florida Corporatio</u>	<u>in:</u> Wiga Chairman, Directo	or or Officer
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others: Signature of an authorized person.	•		
Signature of one General Partner. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others: Signature of an authorized person.			•
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others: Signature of an authorized person.			ability Partnership:
Signatures of ALL General Partners. All others: Signature of an authorized person.	_		
Signature of an authorized person.			ability Limited Partnership:
Fees:	All others: Signature of an author	ized person.	
	Pees:		

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

THED

18 JUNIT AH 10: 16

SECRE LARY OF STATE FLORIDA

FALL AHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company i	18:	
382 Construction LLC		
(Must contain the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limit	ted Liability Company is:
Principal Office Address:	Mailing Address:	
2041 Vista Parkway, Level 2	2041 Vista Parkway, Level	2
West Palm Beach, FL 33411	West Palm Beach, FL 3341	<u> </u>
(The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the		n individual or another
Michael Filon Nai		
ival	me	
2041 Vista Parkway, Level 2		
Florida street address (P.	O. Box NOT acceptable)	
West Palm Beach	FL 33411	
City	Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as t	I in this certificate, I hereby a acity. I further agree to com te performance of my duties, i	occept the appointment as ply with the provisions of all and I am familiar with and
Michael	J. J.	AAS .
Registered Agent's Si (CONTI	ig natd re (REQUIRED) INUED)	FILED 18 JUNI 1 AM 10: 1 LORE JAKE OF STATE LAHASSEE, FLORID

ARTICLE IV-

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 SVP	Michael Filon	
<u></u>	2041 Vista Parkway, Level 2	
	Werst Palm Beach, FL 33411	
MGR	Chris Dillayou	
	2041 Vista Parkway, Level 2	
	West Palm Beach, FL 33411	
		-
		7 8 8
		
(III) attaches set if a saggest		155 m
(Use attachment if necessary)		MA -
		교위 골
ICLE V: Other provisions, if any.		AM IO:
TCLL, V. Other provisions, if any.		₹ -
	dia	_ ∪
		

Signature of a member or an authorized representative of a member
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michael Filon

Typed or printed name of signee

Filing Fees

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