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PICK-UP WAIT MAIL
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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

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COVER LETTER

Division of Corporations
SUBJECT: Force 1 Decon, LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Articles of Domestication of a Non-U.S. Entity and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Eric Abrahamson Name of Person
Force 1 Decon, LLC Firm-Company
7703 19Th Avenue Dr. W.
Bradenton, FL 34209 City/State and Zip Code
tracy e forcel decon. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tracy Abrahamson at (760) 473-0006 Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

TO: New Filing Section

MAILING ADDRESS:

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Articles of Domestication: \$25 Articles of Organization: \$125 Total to Domesticate and file: \$150

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 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: Force 1 Decon, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of <u>California</u> (Enter state, or if a non-U.S. entity, the name of the country)
on 8/29/2012_ (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Force 1 Decon, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 1/1/2-019 (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 10 day of December	20 18
Signature of Authorized Representative of Limit	
Signature of Authorized Representative: Printed Name: Eric Abrahamson	Tille: President
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Printed Name: Eric Abrahamson	Tillo: President / Parmer
Signature:Printed Name:	_Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	_Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability 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.	
Fees:	
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:

	Decon, LLC st contain the words "Limited Liabili	ty Company, "L.I.,C.," or "LI,C.")	
ARTICLE II - Ad The mailing addres		rincipal office of the Limited	Liability Company is:
Principal Office A	ddress:	Mailing Address:	
7703 19Th Bradenton	Avenue Dr W FL 34209	7703 19Th Aven Bradenton, FL	34209
(The Limited Liability Co		d Office, & Registered Ager stered Agent. You must designate an in	
The name and the l	Florida street address of the	registered agent are:	SEC ALL
	Eric Abrahams	·o.p~	
	Eric Abrahamson Name		SSE CO
	7703 19th Avenue Dr W		To 😝 M
	Florida street address (P.O. Box NOT acceptable)		MAN 1:47 OF STATE EL FLORID
	Bradenton	FL 34209	AIIC RIDD
	City	Zip	4) 15
liability comp	any at the place designated i	to accept service of process for in this certificate. I hereby acc city. I further agree to comply	ept the appointment as

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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.

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Eric Abrahamson 7703 19Th Avenue Dr W Bradenton, FL 34209
AMBR	The Hreish Family Trust 17001 Saybrook Lane Huntington Beach, CA 92649
·	
(Use attachment if necessary)	SECRE
ARTICLE V: Other provisions, if any.	HASSER
REQUIRED SIGNATURE:	ALE ARIDA
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony

Eric Abrahamson
Typed 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)