L19000095666

(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:

Office Use Only



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04/12/19--01006--001 **185.00

19 APP 12 AH 8: 59

J. FASON APR 1 2 2019 3 F. 21 C. 4 8: 31

COVER LETTER

Division of C	orporations			
SUBJECT: Patriot St	ar LLC			
		sulting Florida Limit	ed Cor	npany)
				nd fees are submitted to convert an "Other ecordance with s. 605,1045, F.S.
Please return all corre	espondence concernin	g this matter to:		
Kenneth Long				
	(Contact Person)			
	(Firm/Company)			
1676 E Semoran Blvd				
	(Address)			
Apopka, FL 32703				
	City, State and Zip Code)			
ken@patriot-star.com				
E-mail Address; (to b	e used for future annual re	port notifications)		
For further information	on concerning this ma	tter, please call:		
Kenneth Long		_at () <u>286-9</u>	9648
(Name of Conta	ct Person)	(Area Code)	(Day	rtime Telephone Number)
	or the following amou a bank located in the		roces	sed by this office must be payable 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 and Certified Cop		S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MAILI	NG A	ADDRESS:
New Filing Section		New Fi	ling S	ection
Division of Corporati	ions			Corporations
Clifton Building 2661 Executive Cent	or Circle	P. O. B		27 FL 32314
こうひょ たんくくはけをし しじけい	CI CIICIC	t anana	SUL	ITI. 1.: 3 I →

Tallahassee, FL 32301

TO: New Filing Section

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.

(En	ter Name of Other Business Entity)
2. The "Other Business Entity" is	Corporation a corporation. limited partnership, general partnership, common law or business trust, etc.
(Enter entity type, Exampl	e: corporation, limited partnership, general partnership, common law or business trust, etc
First organized, formed or incorpor	rated under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
4/05/2012 on	
(date of organization, formation or in-	corporation)
3. The name of the Florida Limited	I Liability Company as set forth in the attached Articles of Organization:
Patriot Star LLC	
(Enter Name	of Florida Limited Liability Company)
4. If not effective on the date of fil	ing, enter the effective date:
(The effective date: Cannot be pr	ing, enter the effective date: ior to date of receipt or filed date nor more than 90 calendar days after
(The effective date: Cannot be pr the date this document is filed by	ior to date of receipt or filed date nor more than 90 calendar days after the Florida Department of State.) es not meet the applicable statutory filing requirements, this date will not be listed as the
(The effective date: Cannot be pr the date this document is filed by Note: If the date inserted in this block do document's effective date on the Departm	ior to date of receipt or filed date nor more than 90 calendar days after the Florida Department of State.) es not meet the applicable statutory filing requirements, this date will not be listed as the

Signed	this <u>10</u>	day of <u>April</u>	<u> 20 19 </u>
Sianati	ure of Autho	rized Danracantative of I	Limited Liability Company:
<u>oigiraų</u>	are of Autilo	tized Representative of I	while your company.
Signatu	ire of Author	ized Representative: 🏒	mt 7
Printed	Name: Kennet	h Long	Title: President
Signatu	ire(s) on beh	alf of Other Business Enti	ty: [See below for required signature(s)]
Signatu	re: 24	ton;	Title: Vice President
Printed	Name: Elizabe	th Lofig)	Title: Vice President
			
Signatu	re:		
Printed	Name:		Title:
Signatu	re:		
Printed	Name:		Title:
Signatu	re:		
Printed	Name:		Title:
Signatu	re:		
Printed.	Name:		Title:
			Title,
Sionatu	re:		
Printed	Name		Title:
		-	
lf Flori	da Corporati	ion:	
		n, Vice Chairman, Director	or Officer
H Direc	tors or Office	rs have not been selected, a	n Incorporator must sign
	tors or office	is have not occur selected, a	it theorporator must sign.
lf Flori	da General E	artnership or Limited Li	shility Partnarching
Signatu	re of one Gen	eral Partner	anney raterersing.
.51511414	re or one gen	etti rattiet.	
lf Flori	da Limited P	artnership or Limited Lie	ability Limited Partnership:
Signatu	res of All C	eneral Partners.	ibility Emilieu Farthership.
o igimita	103 01 <u>111112</u> 01	cherar caracis.	
All othe	ore.		
Signatu	<u>ers:</u> re of an autho	rized nerson	
5.511111	ic or an admo	rized person.	
Fees:			
<u>. ccs.</u>			
	Aminter C		P35 00
	Articles of C		\$25.00
		ida Articles of Organizatio	
	Certified Cor	•	\$30.00 (Optional)
	Certificate of	Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Patriot Star LLC		
	(Must contain the words "Limited L	iability Company, "L.L.C.," or "L1,C,")
ARTICLE II - The mailing ad		he principal office of the Limited Liability Company is:
Principal Offic	ce Address:	Mailing Address:
1676 E Semoran I	3lvd	1676 E Semoran Blvd
Suite 5		Suite 5
Apopka, FL 3270	03	Apopka, FL 32703
	Kenneth Long	Name
	1676 E Semoran Blvd Suite	
		(P.O. Box <u>NOT</u> acceptable)
	Apopka	FL 32703
	City	Zip
		nd to accept service of process for the above stated limited

(CONTINUED)

ARTICLE IV-

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	
AMBR	Kenneth Long
	1676 E Semoran Blvd Suite 5
	Apopka, FL 32703
	т форма, т 12 32 700
AMBR	Elizabeth Long
	1676 E Semorna Blvd Suite 5
	Apopka, FL 32703
(Use attachment if necessary)	
(
CLE V: Other provisions, if any.	
Sission of Council providents, in they.	
	
REQUIRED SIGNATURE:	
REVOIRED SIGNATURE.	
h with	ty
	or an authorized representative of a member
This document is executed in accord	or an authorized representative of a member lance with section 605.0203 (1) (b), Florida Statutes, I am aware th
any false information submitted in a c	document to the Department of State constitutes a third degree felo
as provided for in s.817,155, F.S.	y Department of State Communicate time degree (cit
L'annuale I and	
Kenneth Long	The state of the s
	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)