L19000101564

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
W19-3	7294	

Office Use Only



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ALTAHASSEE, FLORIDA

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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 Straticon	name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
	(Enter Name of Other Business Entity)
2. The	"Other Business Entity" is a Limited Liability Corporation
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First org	ganized, formed or incorporated under the laws of
12/18 on	8/2000
(date	of organization, formation or incorporation)
	name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Straticon	i, LLC
	(Enter Name of Florida Limited Liability Company)
4. If no	ot effective on the date of filing, enter the effective date: April 15, 2019
the date Note: If	fective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after e this document is filed by the Florida Department of State.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
5. The p	blan of conversion has been approved in accordance with all applicable statutes.
	Converted or Other Business Entity" has agreed to pay any members having appraisal rights the mount to h such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.

Signed this 16th day of April	20_19
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	2
Signature of Authorized Representative:	Title: MGR
Signature(s) on behalf of Other Business Entity: [
Signature:	
Signature:	Title: MGR
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	tv Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	tv Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Straticon, LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC,")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
451 SW Federal Hwy	451 SW Federal Hwy
Stuart, FL 34994	Stuart, FL 34994
(The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the residual control of the residual c	
Christine Hardin	
Name	•
451 SW Federal Hwy	
Florida street address (P.O	. Box <u>NOT</u> acceptable)
Stuart	FL 34994
City	Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S
<u>Ca</u>	
Registered Agent's Sign (CONTIN	APR I

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

"AMBR" = Authorized Member	
"MGR" = Manager	
MGR = Wanager	Christine Hardin
WICH	451 SW Federal Hwy
	Stuart, FL 34994
	Studit, 11, 547/74
	
	
(Use attachment if necessary)	
(Use attachment if necessary) CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
•	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE: Signature of a member This document is executed in accorda	
REQUIRED SIGNATURE: Signature of a member This document is executed in accorda any false information submitted in a de	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes, I am aware the degree feloriment to the Department of State constitutes a third degree feloriment.
REQUIRED SIGNATURE: Signature of a member This document is executed in accorda any false information submitted in a do as provided for in s.817.155, F.S. Christine Hardin	nce with section 605.0203 (1) (b), Florida Statutes. I am aware the

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