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

Office Use Only



100331357311

2019 JUL -2 AH 8: 56 FILED

19 JUL-2 解10:48

JUL 0 5 2019

K. Brumbley

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 816505 7726102
AUTHORIZATION CONTRACTOR OF THE PARTY OF THE
COST LIMIT : \$ 150.00
ORDER DATE : June 20, 2019
ORDER TIME : 8:59 AM
ORDER NO. : 816505-025
CUSTOMER NO: 7726102
DOMESTIC CONVERSION FILING
NAME: CANAIDE, INC.
EFFECTIVE DATE:
XX ARTICLES OF CONVERSION RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Lydia Cohen EXT# 62974

EXAMINER'S INITIALS:

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: CanAide, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on 07/25/1990 (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
CanAide, LLC
(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.) 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.

TALL AN 8: 56

Signed this 2 day of July	20 <u></u>
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:	N. That
Printed Name: Darryl F. Britt	Title: Manager
Signature(s) on behalf of Other Business Entity:	• • • • • • • • • • • • • • • • • • • •
Signature: Danc Street.	
Printed Name: Darryl F, Britt	Title: President/CEO
01	
Signature:Printed Name:	Title:
Triffed Name.	
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In	
	eerpetatist maet org
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
<u>If Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of ALL General Partners.	
All others	
All others: Signature of an authorized person.	
organicate of an addition ned 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 1 - Name: The name of the Limited Liability Company is:	
CanAide, LLC (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3191 Magnire Boulevard, Suite 100	3191 Maguire Boulevard, Suite 100
Orlando, FL 32803	Orlando, FL 32803
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re Corporation Service Company Name	red Agent. You must designate an individual or another
Florida street address (P.O.	Box NOT acceptable)
Tallahassee	FL 32301
City	Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete po	accept service of process for the above stated limited this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S
	Lydia Cohe Asst. Vice Presi.
Registered Agent's Signa	ature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

PARADDU - Austronous INAccessor	
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Darryl F. Britt
WICK	425 3rd St., S.W. Suite 600
	Washington, DC 20024
	washington, DC 20024
 	
	.
	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
•	
•	
•	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
EV: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member o	r an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member o This document is executed in accordance	r an authorized representative of a member ce with section 605,0203 (1) (b), Florida Statutes. I am aware
REQUIRED SIGNATURE: Signature of a member o This document is executed in accordance	r an authorized representative of a member ce with section 605,0203 (1) (b), Florida Statutes. I am aware
REQUIRED SIGNATURE: Signature of a member o This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S.	r an authorized representative of a member ce with section 605,0203 (1) (b), Florida Statutes. I am aware
REQUIRED SIGNATURE: Signature of a member o This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S. Darryl F. Britt	r an authorized representative of a member ce with section 605,0203 (1) (b), Florida Statutes. I am aware tument to the Department of State constitutes a third degree f
REQUIRED SIGNATURE: Signature of a member o This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S. Darryl F. Britt	