U9000185037

| (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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Office Use Only



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SECRETARY OF STAN

COVER LETTER

| Division of C | orporations | | | |
|--|---|---|--------|--|
| SUBJECT: SRT Cons | sulting, LLC | | | |
| | (Name of Res | sulting Florida Limito | ed Con | npany) |
| | | - | | d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S. |
| Please return all corre | espondence concernin | g this matter to: | | |
| Thomas Dannenhoffer | | | | |
| | (Contact Person) | | | |
| SRT Consulting, LLC | | | | |
| | (Firm/Company) | | | |
| 3001 Oakmont Dr | | | | |
| | (Address) | | | |
| Clearwater, FL 33761 | | | | |
| ((| City, State and Zip Code) | | | |
| tomdannen@gmail.com | | | | |
| E-mail Address: (to b | e used for future annual re | port notifications) | | |
| For further information | on concerning this ma | tter, please call: | | |
| Tom Dannenhoffer | | _at (| 645-7 | 714 |
| (Name of Conta | ct Person) | (Area Code) | (Day | rtime Telephone Number) |
| | or the following amou a bank located in the | • | rocess | 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 I and Certified Copy | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| STREET ADDRESS | S: | MAILI | NG A | ADDRESS: |
| New Filing Section | | New Fil | _ | |
| Division of Corporations | | Division of Corporations | | |
| Clifton Building 2661 Executive Center Circle | | P. O. Box 6327 Tallahassee, FL 32314 | | |
| Tallahassee, FL 3236 | | , thititi | | |

TO:

New Filing Section



May 21, 2019

THOMAS DANNENHOFFER 3001 OAKMONT DR CLEARWATER, FL 33761

SUBJECT: SRT CONSULTING, LLC Ref. Number: W19000049504

We have received your document for SRT CONSULTING, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 019A00010291

Jessica A Fason Regulatory Specialist II

www.sunbiz.org

Articles of Conversion For "Other Business Entity" Into

Florida Limited Limbility 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 Fling of the Articles of Conversion is: SRT, LLC (CT Registration # 1965*22-000; FEIN 04-3640221) |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a familied Liability Company (Enter entity type: Example: corporation, limited partnership, general partnership, common law or business mist, etc.) |
| (Enter entity type: Example: corporation, limited partnership, general partnership, common law or business mist, etc.) |
| First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country) |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| Mar 26, 2002 on |
| (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| SRT Consulting, 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 filling 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. |

2019 JUN 25 AM 8: 40 SECRETARY DESIGN

2019 JUN 25 AM 8: 46

| Signed this 29th | day of April | 2014 |
|--|--|--------------------------------------|
| | rized Representative of Limit | |
| Signature of Authoriz Printed Name: Thomas | zed Representative: | nes Damenholes Title: Member / Owner |
| Signature(s) on boha | If of Other Business Entity; | See below for required signature(s) |
| Sunsture: Man | ner Tomments Li | Conic member, Owner |
| Printed Nan V. | omas Danner Not | Corile: member, owner |
| | VV | |
| Printed Name: | | Title: |
| | | |
| Signature: | | Title: |
| runed Name | | tric. |
| Signature | | Title: |
| Printed Name | | _ little: |
| Signature | | |
| Printed Name: | | Title: |
| Cionaturo | | |
| Printed Same. | | Tide: |
| | | |
| If Florida Corporati | i <u>on:</u> n, Vice Chairman, Director, or (| Hugg |
| | rs have not been selected, an Inc | |
| | | |
| If Florida General P Signature of one Gen | artnership or Limited Liabiti eral Partner | ty Partnership; |
| ingliated to the trees | Can't difficil | |
| If Florida Limited P Signatures of ALL G | <u>'artnership or Limited Liabili</u> ieneral Partners. | ty Limited Partnership: |
| All others: Signature of an autho | rized person. | |
| Fees. | | |
| Articles of C | onversion: | \$25.00 |
| | ada Articles of Organization: | \$125.00 |
| Certified Co | • • | \$30,00 (Optional) |
| Certificate of | t Status: | \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Comp | pany is: |
|---|--|
| SRT Consulting, ULC (Must contain the words "Umite | ed Frankrity Company (T. F.C., For (FFC.)) |
| ARTICLE II - Address: | |
| The mailing address and street address of | of the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 3001 Oakmont Dr | 3001 Oakmont Dr |
| Clearwater, FL 33761 | Clearwater, FL 33761 |
| business entity with an active Florida registration (The name and the Florida street address Bradley Kent | of the registered agent are: Name |
| | Name |
| 2805 Berwick Dr., F1 | |
| Florida street addre | rss (P.O. Box <u>NOT</u> acceptable) |
| Largon Springs | EU stron |
| City | Zip |
| liability company at the place design registered agent and agree to act in this statutes relating to the proper and conaccept the obligations of my position. | nt and to accept service of process for the above stated limited nated in this certificate. I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all mplete performance of my duties, and I am familiar with and in as registered agent as provided for in Chapter 608, F.S. |
| Registered Agen | it's Signature (REQUIRED) |

(CONTINUED)

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 Thomas Dannenhoffer MOR 3001 Oakmont Dr. Clearwater, FL 33761 (Use attachment if necessary) ARTICLE V: Other provisions, if any REQUIRED SIGNATURE: Rignature of a member or an authorized representative of a member. This document is executed in accordance with action 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 felory.

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)

Typed or printed name of signee

homas Dannenhoffer

as provided for in s.817.155, F.S.