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2019 JUL 29 PH 12: 35 SECRETARY OF STATE TALLAHASSEE, FL

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COVER LETTER

TO: New Filing Section Division of Corporations

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SUBJECT: Boos Resource and Technology, LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Timothy A. Boos (Contact Person) Boos Resource and Technology, LLC (Firm/Company) 3051 Faye Road (Address) Jacksonville, FL 32226 (City, State and Zip Code) tboos@blueflameco.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Ashley Bernhardt $\frac{630}{(\text{Area Code})} \frac{687-1078}{(\text{Daytime Telephone Number})}$ (Name of Contact Person) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) \$180.00 Filing Fees □\$155.00 Filing Fees □ \$150.00 Filing Fees **D**\$185.00 Filing Fees. and Certificate of (\$25 for Conversion and Certified Copy Certified Copy, and Certificate of Status & \$125 for Articles Status of Organization)

STREET ADDRESS:

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS:

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

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2019 JUL 29 PH 12: 35 SECRETARY OF STATE TALLAHASSEE, FL

Articles of Conversion For <u>"Other Business Entity"</u> 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: Boos Resource and Technology, LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a _____

(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of _____

(Enter state, or if a non-U.S. entity, the name of the country)

08/28/2015 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:

Boos Resource and Technology, 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.)

<u>Note:</u> 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 <u>24</u>	_ day of <u>July</u>		20 <u>19 .</u>
<u>Signat</u> i	ure of Author	ized Representative of	Limite	d Liability Company:
Signatu Printed	re of Authoriz Name: <u>Timothy</u>	zed Representative:	<u>A</u>	Title Manager
<u>Signatı</u>	ure(s) on beha	lf of Other Business En	<u>tity:</u> [Se	e below for required signature(s)}
Signatu		Apros		Title: Manager
Printed	Name: Timothy	A. Boos		Title: Manager
Signatu	ire:			Title:
Printed	Name:			Title:
Signatu	re:	<u> </u>		
Printed	Name:			Title:
Signatu Printed	ire: Name:			Title:
Signatu	ire:			
Printed	Name:			Title:
Signatu Printed	re: Name:			Title:
Signatu If Direc If Flori	etors or Officer	n, Vice Chairman, Directors have not been selected, artnership or Limited I.	, an Inco	rporator must sign.
<u>If Flori</u>	<u>ida Limited P</u>	artnership or Limited L eneral Partners.	<u>.iability</u>	Limited Partnership:
<u>All oth</u> Signatu	ers: are of an author	rized person.		
Fees:				
	Articles of Co Fees for Flori Certified Cop Certificate of	da Articles of Organizat	tion:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Boos Resource and Technology, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
3051 Faye Road	3051 Faye Road	
Jacksonville, FL	Jacksonville, FL	
32226	32226	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and	the Florida street address of th	e registered agent are:	TAL T
	Timothy A. Boos		
	Na	me	ARY O HASS
	3051 Faye Raod		سعور مطب السائيل
	Florida street address (P	.O. Box <u>NOT</u> acceptable)	E, FLA
	Jacksonville	FL 32226	
	City	Zip	

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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. **r**

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

$\frac{\text{Title:}}{\ AMDP\ } = \text{Authening } Monthem$	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager	There there to Desce	
MGR	Timothy A. Boos	
	7555 Founders Way	
	Ponte Vedra Beach, FL 32082	
MGR		
		s 2
		THE E
(Use attachment if necessary)		SECRETARY
		AR AHV
TICLE V: Other provisions, if any.		ASSE
	·····	SSEE
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REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member This document is executed in accordance with section 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 felony as provided for in s.817.155, F.S.

Timothy A. Boos

 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)