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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| TO: New Filing S Division of C | | | | | |
|--|---|-------|---------------------------------------|--------|--|
| SUBJECT: Law Enfo | orcement Administrative & | Man | agement Serciv | es, LL | С |
| sobolet. | (Name of Res | ultin | g Florida Limite | d Con | npany) |
| | | | _ | | d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S. |
| Please return all corr | espondence concerning | g thi | s matter to: | | |
| Jamie Manning | | | | | |
| | (Contact Person) | | · · | | |
| Law Enforcement Admi | nistrative & Management S | ervio | es, LLC | | |
| | (Firm/Company) | | | | |
| 556 Shimmering Lane | | | | | |
| | (Address) | | | | |
| Mary Esther, FL 32569 | | | | | |
| (1 | City, State and Zip Code) | | - | | |
| jamie.manning@leams.r | net | | | | |
| E-mail Address: (to b | e used for future annual re | ort i | notifications) | | |
| For further informati | on concerning this ma | ter, | please call: | | |
| Jamie Manning | | at | (713 | 2595 | 103 |
| (Name of Conta | act 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 d Certified Copy | | D\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| STREET ADDRES New Filing Section | S: | | MAILI New Fil | | ADDRESS: |
| Division of Corporat | ions | | | _ | ection Corporations |
| Clifton Building | | | P. O. Bo | | • |
| 2661 Executive Cent | er Circle | | Tallahas | see, | FL 32314 |

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

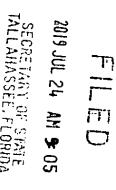
Florida Limited Liability Company

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: Law Enforcement Administrative & Management Services, LLC |
|---|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc. |
| First organized, formed or incorporated under the laws of |
| July 9th, 2019~ (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Law Enforcement Administrative & Management Services. LLC |
| (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: date of Flux. (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.



| Signed thi | s <u>17th</u> | day of JULY | | 20_19 |
|--------------------------|---|--|-------------|--|
| | | _ | | ed Diability Company: |
| Signature Printed Na | of Authorize me: <u>Jamie Mar</u> | d Representative: | | Title: Principal/CEO |
| | | | Entity: (S | See below for required signature(s) |
| Signature: | me: Timothy A | W/ | | |
| | 1 | | | Title: Managing Member |
| Signature: | | | | Title: |
| Signature: Printed Na | | | | Title: |
| Signature: Printed Na | | | | Title: |
| | | | | Title: |
| Signature: | | | _ | |
| Printed Na | me: | | | Title: |
| Signature of | | <u>:</u> Vice Chairman, Dire have not been selecte | | |
| | General Par of one Genera | tnership or Limited I Partner. | d Liability | Partnership: |
| | Limited Par of <u>ALL</u> Gen | | d Liability | Limited Partnership: |
| All others Signature | <u>:</u> of an authoriz | ed person. | | |
| Fees: | • | | | • |
| Fe Ce | ticles of Con es for Florida rtified Copy: rtificate of Si | Articles of Organiz | zation: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Compa | ny is: |
|--|--|
| | |
| Law Enforcement Administrative & Management | |
| (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: |
| 556 Shimmering Lane | 556 Shimmering Lane |
| Mary Esther, FL 32569 | Mary Esther, FL 32569 |
| | |
| | stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another f the registered agent are: |
| | |
| C. Jeffrey McInnis, Esq. | Name |
| | Name |
| 909 Mar Walt Drive, Suite | : 1014 |
| Florida street address | s (P.O. Box <u>NOT</u> acceptable) |
| Ft. Walton Beach | FL 32547 |
| City | Zip |
| liability company at the place designate registered agent and agree to act in this statutes relating to the proper and compaccept the obligations of my position | and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S s Signature (REQUIRED) |
| (CO | NTINUED) |

ARTICLE IV-

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

| <u>Title:</u> | Name and Address: | | | | | |
|--|---|--|--|--|--|--|
| "AMBR" = Authorized Member | | | | | | |
| "MGR" = Manager | | | | | | |
| AMBR | Timothy Manning | | | | | |
| | 556 Shimmering Lane | | | | | |
| | Mary Esther, FL 32569 | | | | | |
| AMBR | | | | | | |
| | Jamie Manning | | | | | |
| | 556 Shimmering Lane | | | | | |
| | Mary Esther, FL 32569 | | | | | |
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| (Use attachment if necessary) | | | | | | |
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| ICLE V: Other provisions, if any. | | | | | | |
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| | () 4 | | | | | |
| <u>required</u> signature: / | | | | | | |
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| <u> </u> | - I da | | | | | |
| 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 the | | | | | |
| any false information submitted in a docu- as provided for in s.817.155, F.S. | ment to the Department of State constitutes a third degree feld | | | | | |
| as provided for iti s.817,155, F.S. | | | | | | |
| Jamie Manning | | | | | | |

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)