119000200294

| (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: |
| |
| |
| |
| |

Office Use Only



000333157710

SECRETARY OF STATE

2019 AUG 12 AM 10: 31

19 AUS 12 PH 4: 20

~ 1 :3 2019

K Brumbley

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I2000000195 |
|--------------------------------------------------------------|
| REFERENCE: 878380 4332313 |
| AUTHORIZATION: Spells de man |
| COST LIMIT : \$ 160.00 |
| |
| ORDER DATE : August 12, 2019 |
| ORDER TIME : 3:03 PM |
| ORDER NO. : 878380-010 |
| CUSTOMER NO: 4332313 |
| |
| CONVERSION INTO FL LLC |
| NAME: ARMA AVIATION, LLC |
| |
| EFFECTIVE DATE: |
| ADTICLES OF INCORPORATION |
| ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP |
| XX ARTICLES OF ORGANIZATION |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| CERTIFIED COPY |
| XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING |
| CONTACT PERSON: Roxanne Turner - EXT. |
| |
| EXAMINER'S INITIALS: |

COVER LETTER

| TO: | New Filing Se Division of Co | | | | | |
|-----------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------|---------------------------------|------------------------------------------------------------------------|--------|
| SHRI | ECT: ARMA A | viation, LLC | | | | |
| 5050 | | | ulting Florida Lim | ited Con | трапу) | |
| | | | _ | | nd fees are submitted to convert an accordance with s. 605.1045, F.S. | "Other |
| Please | e return all corre | espondence concerning | g this matter to: | | | |
| Amy (| Gimblet, Contracts | Manager | | | | |
| | | (Contact Person) | | _ | | |
| ARMA | A Aviation, LLC | | | | | |
| | | (Firm/Company) | | _ | | |
| 3030 N | N. Rocky Point Dr. | West, Suite 800 | | | | |
| | | (Address) | | _ | | |
| Tampa | ı, Florida 33607 | | | | | |
| | (0 | City, State and Zip Code) | | _ | | |
| Amy.C | Gimblet@arma-avi | ation.com | | | | |
| Е-г | nail Address: (to be | e used for future annual re | port notifications) | _ | | |
| For fu | irther information | on concerning this ma | tter, please call: | | | |
| Amy (| Dimblet | | _at (<u>813</u> | 337-7 | 7125 | |
| | (Name of Contact | ct Person) | (Area Code | | ytime Telephone Number) | |
| | | or the following amou a bank located in the | = | process | sed by this office must be payable | in US |
| (\$25 fc & \$125 | 0.00 Filing Fees or Conversion 5 for Articles anization) | □\$155.00 Filing Fees and Certificate of Status | □\$180.00 Filing and Certified Co | | ■\$185.00 Filing Fees, Certified Copy, and Certificate of Status | |
| New I Divisi Clifto 2661 | EET ADDRESS Filing Section ion of Corporati n Building Executive Center nassee, FL 3230 | ons er Circle | New F Divisi P. O. 1 | Filing So on of C Box 632 | Corporations | |

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: ARMA Aviation Corporation |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a corporation |
| (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) |
| December 11, 2008 |
| on |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| ARMA Aviation, 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. |

2019 AUG 12 AM BD: 31

| Signed this 12th | day of August | 20_19 |
|------------------------|-----------------------------------------|---------------------------------------|
| Signature of Author | orized Representative of Lim | ted Liability Company: |
| Signature of Author | rized Representative: | J |
| Drinted Name: Ismes | D. Fugit | Title: Manager |
| Frinted Name. James | A. Fugit | Title. Idanager |
| Signature(s) on beh | alf of Other Business Entity: | [See below for required signature(s)] |
| Signature: | ## | |
| Printed Name: James | D. Fugit | Title: President |
| Signature: | · | |
| Printed Name: | | Title: |
| | | |
| Signature: | · ·- <u>-</u> - | |
| Printed Name: | | Title: |
| r (inted rante | | |
| Signature: | | |
| Printed Name: | | Title: |
| Timed Hame. | · · · | T ICIC. |
| Signature: | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | |
| Printed Name: | | Title: |
| | | |
| Signature: | | |
| Printed Name: | | Title: |
| | | |
| If Florida Corporat | tion: | |
| Signature of Chairma | an, Vice Chairman, Director, or | Officer. |
| If Directors or Office | ers have not been selected, an In | corporator must sign. |
| | | |
| If Florida General l | <u>Partnership or Limited Liabili</u> | ty Partnership: |
| Signature of one Ger | neral Partner. | |
| | | |
| If Florida Limited 1 | <u>Partnership or Limited Liabili</u> | ty Limited Partnership: |
| Signatures of ALL C | Jeneral Partners. | |
| | | |
| All others: | | |
| Signature of an author | orized person. | |
| | | |
| Fees: | | |
| | | |
| Articles of C | Conversion: | \$25.00 |
| Fees for Flor | rida Articles of Organization: | \$125.00 |
| Certified Co | _ | \$30.00 (Optional) |
| Certificate o | | \$5.00 (Optional) |
| | | • |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| The name of the Limited Liability Company is | : |
| | |
| ARMA Aviation, LLC | |
| (Must contain the words "Limited Liabili | ty Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street address of the p | rincipal office of the Limited Liability Company is: |
| | |
| Principal Office Address: | Mailing Address: |
| 3030 N. Rocky Point Dr. West | 3030 N. Rocky Point Dr. West |
| Suite 800 | Suite 800 |
| Tampa, Florida 33607 | Tampa, Florida 33607 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the | stered Agent. You must designate an individual or another |
| Corporation Service Company | |
| Nam | e |
| 1201 Hays Street | |
| Florida street address (P.C | D. Box NOT acceptable) |
| Tallahassee | FL 32301 |
| City | Zip |
| Having been named as registered agent and t | o accept service of process for the above stated limite |

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..

Roxanne Turner Asst. Vice President Registered Agent'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 | |
| MGR | James D. Fugit |
| | 3030 N. Rocky Point Dr. West, Suite 800 |
| | Tampa, Florida 33607 |
| MGR | Todd J. Schweitzer |
| | 3030 N. Rocky Point Dr. West, Suite 800 |
| | Tampa, Florida 33607 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| CLE V: Other provisions, if any. | |
| | |
| | |
| REQUIRED SIGNATURE: | |
| Signature of a member or | an authorized representative of a member |
| This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S. | e with section 605.0203 (1) (b), Florida Statutes. I am aware that imention the Department of State constitutes a third degree felor |
| James D. Fugit | t t |
| | ped or printed name of signee |

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

Filing Fees