(Req	uestor's Name)			
(Addi	ress)			
(Adda	ress)			
(City/	/State/Zip/Phone	e #)		
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(Busi	iness Entity Nar	me)		
(Document Number)				
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 350174 5148412 AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE : July 13, 2020 ORDER TIME : 11:02 AM ORDER NO. : 350174-005 CUSTOMER NO: 5148412 DOMESTIC AMENDMENT FILING NAME: ARMA AVIATION, LLC EFFECTIVE DATE: XX \_\_ ARTICLES OF AMENDMENT/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: Amanda Robinson -- EXT# 62968

EXAMINER'S INITIALS:

## **COVER LETTER**

Division of	Section Corporations			
SUBJECT: ARM	MA Aviation, LLC			
302011	Name of Florida	a Limited Liability Compar	ny	
		ce(s) are submitted to er Business Entity" in a		
Please return all cor	respondence concernir	ng this matter to:		
David Jos	seph			
ARMA A	Contact Person Aviation, LLC			
	Firm/Company			
3030 Noi	th Rocky Point Drive	West, Suite 800		
	Address			
Tampa, Fl	33607			
	City, State and Zip Code	<u> </u>		
david.joseph@				
E-mail address: (to	be used for future annual	report notification)		
For further informat	ion concerning this ma	atter, please call:		
David Joseph		at (813 ) 205-5179		
Name of Contact Person		Area Code and Daytime Telephone Number		
Enclosed is a check	for the following amou	unt:		
	<b>G</b> *			
\$25.00 Filing Fee	S30.00 Filing Fee and Certificate of Status	☐\$55.00 Filing Fee and Certified Copy	☐ \$60.00 Filing Fee. Certified Copy. and Certificate of Status	
Mailing Address:		Street Addr	ess:	
Registration Section		Registration Section		
Division of Corpora	tions	Division of Corporations		
P.O. Box 6327	1.4	The Centre of Tallahassee		
Tallahassee, FL 323	14		nroe Street, Suite 810	
		Tallahassee,	rl 32303	

CR2E106 (05/17)

# **Articles of Conversion**

For

## Florida Limited Liability Company Into

2020 ..... 14 PH 3: 32

## "Converted or Other Business Entity"

The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other

Business Entity" is:				
ARMA Aviation, LLC				
Enter Name of Florida Limited Liability Company				
2. The name of the "Converted or Other Business Entity" is:				
ARCTOS Mission Solutions, LLC				
Enter Name of "Converted or Other Business Entity"				
3. The "Converted or Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law obusiness trust, etc.)  Delaware				
organized, formed or incorporated under the laws of				
4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.				
5. This conversion shall be effective in Florida on: July 14, 2020  (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State: AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")				
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.				

- 6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":
  - a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address:	3030 North	Rocky Point Driv	ve West, Suit	e 800
	Tampa, FL	. 33607		
Mailing Address	:			
appraisal righ		_		any members having ed under ss. 605.1006
Signed this	14 <sup>th</sup> //day	of	July	, 20_20
Signature:	Must be	signed by a Member or	Authorized Rep	resentative
Printed Name: _	JAMES FUG	Title:	PEGSICI	FUT
	e: Copy: e of Status:	\$25.00 \$30.00 (Option \$5.00 (Options	*	

Page 2 of 2