

L19000228472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

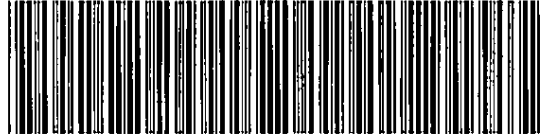
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200331973912

07/29/19--01024--011 **185.00

FILED
2019 SEP 18 AM 11:38
SECRETARY OF STATE
CLERK OF COURT

N SAMS

SEP 19 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2019

SWINDALE RHODES
767 HERITAGE POST LANE
GRAYSON, GA 30017 US

SUBJECT: GALAXY MANAGEMENT SOLUTIONS, LLC
Ref. Number: W19000073047

2019 SEP 18 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FL 32399

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We have received your document for GALAXY MANAGEMENT SOLUTIONS, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears in the filing submitted that a typographical error was done on the Conversion Form of the document. On line 2 which states when the organization formed under the laws of, the word Georgia was entered incorrectly. The signature which states, on behalf of Other Business Entity, has to have a required signature.

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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 519A00016369

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GALAXY MANAGEMENT SOLUTIONS, 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:

SWINDALE RHODES
(Contact Person)
GALAXY MANAGEMENT SOLUTIONS, LLC
(Firm/Company)
767 HERITAGE POST LANE
(Address)
GRAYSON, GA 30017
(City, State and Zip Code)
swin@galaxysllc.com
E-mail Address: (to be used for future annual report notifications)

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SECRETARY OF STATE
TALLAHASSEE, FL 32314

For further information concerning this matter, please call:

Swindale Rhodes at (404) 4338317
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

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)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$150.00 Filing Fees (S25 for Conversion & S125 for Articles of Organization) | <input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status | <input type="checkbox"/> \$180.00 Filing Fees and Certified Copy | <input checked="" type="checkbox"/> \$185.00 Filing Fees, Certified Copy, and Certificate of Status |
|---|---|---|---|

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

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

FILED
2019 SEP 18 AM 11:38
CLERK OF THE
CITY OF MIAMI

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:
GALAXY MANAGEMENT SOLUTIONS, LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY/SOLE PROPRIETOR

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

First organized, formed or incorporated under the laws of GEORGIA

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

on OCTOBER 14, 2014

(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
GALAXY MANAGEMENT SOLUTIONS, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: SEPTEMBER 19, 2019

(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 this 26th day of August 2019.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: _____

Printed Name: SWINDALE RHODES

Title: PRESIDENT

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: _____

Printed Name: SWINDALE RHODES

Title: PRESIDENT

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

| | |
|--|--------------------|
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$125.00 |
| Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GALAXY MANAGEMENT SOLUTIONS, 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:

767 HERITAGE POST LANE

GRAYSON, GA

30017

Mailing Address:

10269 SW VILLAGE PARKWAY #306

PORT ST. LUCIE, FL

34987

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 the registered agent are:

KEISHA L. MCCARDEN

Name

3402 SW PARSONS STREET

Florida street address (P.O. Box **NOT** acceptable)

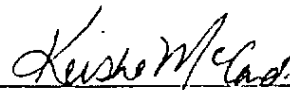
PORT ST. LUCIE

City

FL 34953

Zip

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)

SECRETARY OF STATE
ALLAHASSEE, FL 09116

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

PRESIDENT

Name and Address:

SWINDALE RHODES

10269 SW VILLAGE PARKWAY

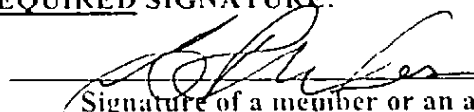
PORT ST LUCIE, FL 34987

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

SWINDALE RHODES

Typed or printed name of signer

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)