L20000009577

(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:





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HVISION OF CORPORATIONS

COVER LETTER

	w Filing Se	ection orporations			
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SUBJECT	: Aeronea,	Ol	. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1.0	
		(Name of Res	ulting Florida Limi	ted Com	ipany)
			_		d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please retu	rn all corre	espondence concerning	g this matter to:		
Kelci Jager					
		(Contact Person)		-	
Aerofied, LL	.C				
		(Firm/Company)		-	
22001 Palos	Verdes Blvd				
		(Address)		=	
Torrance, CA	A 90 5 03				
	(0	City, State and Zip Code)	<u></u>	-	
kelci.jager@	gmail.com				
E-mail A	ddress: (to be	used for future annual re	port notifications)	-	
For further	informatio	on concerning this mat	tter, please call:		
Kelci Jager			at (310)989-31	138 time Telephone Number)
(Na	me of Conta	et Person)	(Area Code)	(Dayı	time Telephone Number)
		or the following amou a bank located in the l		rocess	ed by this office must be payable in US
\$150.00 F (\$25 for Con & \$125 for A of Organizati	version Articles	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET A New Filing Division of Clifton Bui 2661 Execu Tallahassed	g Section f Corporati ilding utive Cente	ons er Circle	New Fi Divisio P. O. B	ling Se n of Co ox 632	orporations

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: Aerofied, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(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)
September 16, 2010
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: Aerofied, LLG
(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.

SUNISION OF CORPORATION

19 OCT 17 PH 2: 13

Signed this 9 day of October	20 <u>19</u>
Signature of Authorized Representative of	
Signature of Authorized Representative: Printed Name: Kelci Jager	Vitle: Co-Owner
Signature(s) on behalf of Other Business En	
Signature: CMV	
Signature:	Title: Co-Owner
Signature:	
Printed Name:	Title:
Printed Name:	Title:
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signatura	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Direct	or, or Officer.
If Directors or Officers have not been selected,	
If Florida General Partnership or Limited I	iahility Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited I Signatures of <u>ALL</u> General Partners.	lability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organizate Certified Copy: Certificate of Status:	\$25.00 tion: \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Aerofied, LLC		
	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited Liabi	ility Company is:
Principal Office Address:	Mailing Address:	
23 Cayman Cove	7901 4th St N	
Ponte Vedra, FL 32081	STE 4000	
ADTICLE III Degistered Agent Degi	St. Petersburg, FL 33702	ignoture
The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address o	stered Office, & Registered Agent's S n Registered Agent. You must designate an individua	al or another
The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	stered Office, & Registered Agent's S in Registered Agent. You must designate an individual	al or another
The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address o	stered Office, & Registered Agent's S n Registered Agent. You must designate an individua	al or another 19 DCT 17
The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address o	stered Office, & Registered Agent's S in Registered Agent. You must designate an individual	al or another
The name and the Florida street address o Registered Agents Inc 7901 4th St N, STE 300	stered Office, & Registered Agent's S in Registered Agent. You must designate an individual	al or another 19 DCT 17

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-

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	
<u>P</u>	Collin Jager
	23 Cayman Cove
	Ponte Vedra, FL 32081
VP	Kelci Jager
V F	23 Cayman Cove
	Ponte Vedra, FL 32081
	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
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LE V: Other provisions, if any. REQUIRED SIGNATURE:	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member e with section 605,0203 (1) (b). Florida Statutes, I am aware
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document is a submitted in a document in a docu	r an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware ument to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes. I am aware
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Kelci Jager	e with section 605.0203 (1) (b), Florida Statutes. I am aware