

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

FAA 2 5 2020 T. SCOTT



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COVER LETTER

TO: New Filing S Division of O		• • •	<i>;</i>	
	vate Investigation Marin	e/Automotive LLC		
30b)EC1:	(Name of Re	sulting Florida Limit	ted Company)	
			ion, and fees are submitted to convey" in accordance with s. 605.1045, l	
Please return all corr	espondence concernin	g this matter to:		
		;	,	
Gary Martin		: ·	,	
· ,	(Contact Person)	· · · · · · · · · · · · · · · · · · ·	-	٠.
Noir Private Investigat	tion Marine/Automotive L	.LC	•	
	(Firm/Company)		-	
P.O. Box 434				
	(Address)		_	
Cocoa, Florida 32923	,		•	•
	City, State and Zip Code)			
Noirprivateeye@gmai	• •			
	be used for future annual re	unart natifications)	<u>.</u>	
E-man Address. (to t	t used for rattire annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:	·	
Gary Martin		_at (239	¹ 403-7311	
(Name of Conta	act Person)	(Area Code)	(Daytime Telephone Number)	
	for the following amou a a bank located in the		processed by this office must be pay	able 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 and Certified Cop		
Mailing Add	ress:	• • •	Street Address:	
New Filing S			New Filing Section	
Division of C	Corporations		Division of Corporations	
P.O. Box 632	2.7		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

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 Article Tropical Marine/Automotive Inc. P97000047038	es of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Corporation	
(Enter entity type. Example: corporation, limited partnership, general partnership, commo	n 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)
05/28/1997	
on (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Arti	cles of Organization:
Noir Private Investigation Marine/Automotive 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 9 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 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 apprais which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	sal rights the amount to

Signed this 8 day of March	_20 <i>20</i>	
Signature of Authorized Representative of Limit	ted Liability Company:	
Signature of Authorized Representative:	Martin	
Printed Name: Gary Martin	Title: President	
Signature(s) on behalf of Other Business Entity:		
Signature: Stend Monter.		
Printed Name: Gary Martin	Title: President Director	e e e e e e
Signature:		
Signature: Printed Name:	_ Title:	
Signature:	: · · · · · · · · · · · · · · · · · · ·	
Signature: Printed Name:	Title:	
		4
Signature: Printed Name:	Title:	•
•	·	•
Signature: Printed Name:	Title	
Timted ivanie.	_ 11tte:	
Signature: Printed Name:		
Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		·- ,
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		
Fees:	•	• ·
Articles of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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: Albert P. Elebash Jr. Name 200 Willard Street Florida street address (P.O. Box NOT acceptable) Cocoa FL 32922 City Zip Having been named as registered agent and to accept service of process for the above stated liming liability company at the place designated in this certificate, I hereby accept the appointment at registered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent's Signature (REQUIRED) (CONTINUED)	ARTICLE I - Name: The name of the Limited Liability Co	ompany is:	; †
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is Principal Office Address: Mailing Address: Mailing Address: Mailing Address: Mailing Address: P.O. Box 434 Cocoa, Florida 32922 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: Albert P. Elebash Jr. Name 200 Willard Street Florida street address (P.O. Box NOT acceptable) Cocoa FL 32922 City Zip Having been named as registered agent and to accept service of process for the above stated limicability company at the place designated in this certificate, I hereby accept the appointment at registered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relating to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent's Signature (REQUIRED) (CONTINUED)			,
The mailing address and street address of the principal office of the Limited Liability Company is Principal Office Address: Mailing Address: 606 Forrest Ave Cocoa, Florida 32922 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: Albert P. Elebash JC. Name 200 Willard Street Florida street address (P.O. Box NOT acceptable) Cocoa FL 32922 City Zip Having been named as registered agent and to accept service of process for the above stated limiliability company at the place designated in this certificate, I hereby accept the appointment at registered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relating to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent's Signature (REQUIRED) Registered Agent's Signature (REQUIRED)	(Must contain the words "Lin	mited Liability Company, "L.L.C.," or "LLC.")	. ,
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: Albert P. Elebash Jr. Name 200 Willard Street Florida street address (P.O. Box NOT acceptable) Cocoa FL 32922 City Zip Having been named as registered agent and to accept service of process for the above stated liminability company at the place designated in this certificate, I hereby accept the appointment at registered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relating to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent's Signature (REQUIRED) (CONTINUED)		ss of the principal office of the Limited	Liability Company is
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: Albert P. Elebash Name 200 Willard Street Florida street address (P.O. Box NOT acceptable) Cocoa FL 32922 City Zip Having been named as registered agent and to accept service of process for the above stated limic liability company at the place designated in this certificate, I hereby accept the appointment a registered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relating to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent's Signature (REQUIRED)	Principal Office Address:	Mailing Address:	
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(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: Albert P. Elebash Name 200 Willard Street Florida street address (P.O. Box NOT acceptable) Cocoa FL 32922 City Zip Having been named as registered agent and to accept service of process for the above stated liminability company at the place designated in this certificate, I hereby accept the appointment at registered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relating to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent's Signature (REQUIRED) (CONTINUED)	Cocoa, Florida 32922	Cocoa, Florida 32923	· · · · · · · · · · · · · · · · · · ·
Name 200 Willard Street	The name and the Florida street addre	ess of the registered agent are:	
Florida street address (P.O. Box NOT acceptable) Cocoa FL 32922 City Zip Having been named as registered agent and to accept service of process for the above stated liming liability company at the place designated in this certificate, I hereby accept the appointment at the registered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relating to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent's Signature (REQUIRED)	Albert P. Elebash		
Florida street address (P.O. Box NOT acceptable) Cocoa FL 32922 City Zip Having been named as registered agent and to accept service of process for the above stated liming liability company at the place designated in this certificate, I hereby accept the appointment at the registered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent's Signature (REQUIRED)	200 Willard Street	· :	
Having been named as registered agent and to accept service of process for the above stated liming 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 statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent's Signature (REQUIRED)			
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(CONTINUED)	liability company at the place de registered agent and agree to act in statutes relating to the proper and accept the obligations of my pos	esignated in this certificate, I hereby account this capacity. I further agree to comply I complete performance of my duties, and sition as registered agent as provided for	ept the appointment as y with the provisions of ad I am familiar with an
(CONTINUED)	· · · · · · · · · · · · · · · · · · ·		35. 35. 37.
	•	(CONTINUED)	$\widetilde{\Xi}$

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Gary Martin
AWDIX	P.O Box 434
	Cocoa, Florida 32923
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(Use attachment if necessary)	
LE V: Other provisions, if any.	'
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	an authorized representative of a member
Signature of a member or	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware
Signature of a member or This document is executed in accordance any false information submitted in a document is a document in	with section 605.0203 (1) (b), Florida Statutes. I am aware
Signature of a member or	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree fe