120000141760

(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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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 22, 2020

MATTHEW T. JACKSON 800 W MONROE STREET JACKSONVILLE, FL 32202

SUBJECT: FCS GLOBAL SECURITY SOLUTIONS, LLC

Ref. Number: W20000031864

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

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Keyna E Page Regulatory Specialist II

www.sunbiz.org

Letter Number: 920A00008439



March 25, 2020

MATTHEW T. JACKSON 800 W MONROE STREET JACKSONVILLE, FL 32202

SUBJECT: FCS GLOBAL SECURITY SOLUTIONS, LLC

Ref. Number: W20000031864

We have received your document for FCS GLOBAL SECURITY SOLUTIONS, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

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.

Keyna E Page Regulatory Specialist II

Letter Number: 620A00006488

COVER LETTER

TO: New Filing S Division of C				
SUBJECT, FCS GLO	OBAL SECURITY SOLU	TIONS, LLC		
SUBJECT:	(Name of Res	sulting Florida Limite	d Com	pany)
				d fees are submitted to convert an "Other recordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:		
Matthew T. Jackson, E	sq.			
	(Contact Person)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Brennan Manna Diame	ond			
	(Firm/Company)	***************************************		
800 W. Monroe St.				
	(Address)			
Jacksonville, Florida 3	2202			
(1	City, State and Zip Code)			
mtjackson@bmdpl.cor	n			
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
		_at ()		time Telephone Number)
(Name of Contr	act Person)	(Area Code)	(Day	time Telephone Number)
	for the following amount a bank located in the	•	ocess	ed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)		☐\$180.00 Filing F and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add New Filing S				Address: Filing Section
Division of C				on of Corporations
P.O. Box 632	27			entre of Tallahassee
Tallahassee,	FL 32314	2	2415	N. Monroe Street, Suite 810

Tallahassee, FL 32303

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 pecs GLOBAL SECURITY SOLUTIONS, INC	prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business	Entity)
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited parts	(PI) - 37420) nership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of (En	Florida ster state, or if a non-U.S. entity, the name of the country)
04/27/2017 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:
FCS GLOBAL SECURITY SOLUTIONS, LLC	
(Enter Name of Florida Limited Liability	Company)
4. If not effective on the date of filing, enter the effective	3/9/2020 date:
(The effective date: Cannot be prior to date of receipt of the date this document is filed by the Florida Department of the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.	ent of State.)
5. The plan of conversion has been approved in accordance	e with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to powhich such members are entitled under ss. 605.1006 and 6	
	ALL HAS

	Signed this 11th day of March 20	20			
	Signature of Authorized Renresentative of Limited	Zabirty Company/			-
x	Signature of Authorized Representative: Printed Name: E. Bland Cologne Ti	D/4 (W)			
	Printed Name: E. Bland Cologne Ti	tle: Manager			
	Signature(s) on behalf of Other Business Entity: [S	ee below for required signature(s)			
	Signature:	1	_		
	Signature: Printed Name: E. BLAND COLOGNE	Title: President	-		
		1			
	Signature: Printed Name:	Title:			
	//	1			
	Signature:	Title:			
	Printed Name:	Truc.	-		
	Signature:		_		
	Printed Name:		- ,		
	Signature:		_		
	Printed Name:	Title:	_		
	Signature:		_		
	Printed Name:	Title:			
	If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or C	Officer.			
	If Directors or Officers have not been selected, an Inc	corporator must sign.			
	If Florida General Partnership or Limited Liabilit	y Partnershin:			
	Signature of one General Partner.	y raither samp.			
	•	The transfer of the transfer o			
	If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnersnip:			
	Signatures of ALL General Latitions.				
	All others:		ن ست:	760	
	Signature of an authorized person.		ASS.	نه دَ سے	C#722
	Fees:		3-2-17 2-2-17	JUN.	·====
		53.5 AA	ر شرکت موسیم موسیم	<u>'</u>	y Contain
	Articles of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00	()	-P - X	i A
	Certified Copy:	\$30.00 (Optional)	्षितः	<u>~</u>	
	Certificate of Status:	\$5.00 (Optional)		9դ ։ դ	
				רט	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Company, "L.L.C.," or "LLC.")			
, , , , , , , , , , , , , , , , , , ,			
ncipal office of the Limited I	Liability C	ompar	ıy is:
Mailing Address:			
1 INDEPENDENT DR., STE. JACKSONVILLE, FL 32202	117		
	ividual or ano		
****			J.
	, , , , , , , , , , , , , , , , , , ,	70	ji
17	m _e	-	
Box NOT acceptable)	<u> </u>	Ę.	
FL 32202	,		
Zip			
this certificate, I hereby accepty. I further agree to comply werformance of thy duties, and	ot the appo with the pri I am famil	intmen ovision iar wit	nt as ns of all h and
	Mailing Address: 1 INDEPENDENT DR., STE. JACKSONVILLE, FL 32202 Office, & Registered Agent are: 17 Box NOT acceptable) FL 32202 Zip accept service of process for this certificate, I hereby accept the comply of the complete agent as provided for a stature (REQUIRED)	Mailing Address: 1 INDEPENDENT DR., STE. 117 JACKSONVILLE, FL 32202 Office, & Registered Agent's Signature and individual or another agent are: 17 Box NOT acceptable) FL 32202 Zip accept service of process for the above so this certificate, I hereby accept the appoint of the process for the appoint of	Mailing Address: 1 INDEPENDENT DR., STE. 117 JACKSONVILLE, FL 32202 Office, & Registered Agent's Signature: ared Agent. You must designate an individual or another registered agent are: 17 Box NOT acceptable) FL 32202 Zip accept service of process for the above stated at this certificate, I hereby accept the appointment ty. I further agree to comply with the provision performance of thy duties, and I am familiar with instered agent as provided for in Chapter 605, Further agree to comply with the provision of the agent as provided for in Chapter 605, Further agree to comply with the provision of the agent as provided for in Chapter 605, Further agree to comply with the provision of the agent as provided for in Chapter 605, Further agree to comply with the provision of the agent as provided for in Chapter 605, Further agree to comply with the provision of the agent as provided for in Chapter 605, Further agree to comply with the provision of the agent agent as provided for in Chapter 605, Further agree to comply with the provision of the agent

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	E. BLAND COLOGNE
	1 INDEPENDENT DR., STE. 117
	Jack 201/16/Er / 33303
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	AHX.

E. BLAND COLOGNE

Typed or printed name of signee

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)

as provided for in s.817.155, F.S.