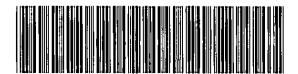
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(Requestor's Name)				
(Address)				
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(Cit	ty/State/Zip/Phone	= #)		
PICK-UP	☐ WAIT	MAIL		
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(Bu	isiness Entity Nar	ne)		
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Certified Copies	_ Certificates	s of Status		
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Special Instructions to	Filing Officer:			
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Office Use Only



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COVER LETTER

TO:	New Filing S Division of C				
		•			
SUB	JECT: TRIDEN	T STRATEGIES LLC	sulting Florida Limit	10-	
		(Name of Kes	sulting Flonda Limit	ea Con	mpany)
		•	_	-	nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concerning	g this matter to:		
JOH	N E. VICK				
		(Contact Person)	,		
TRID	ENT STRATEGI	ES LLC			
		(Firm/Company)			
164 L	AKEBREEŻE CI	R.			
		(Address)			
LAKE	MARY, FL 3274	6			
	(1	City, State and Zip Code)			
JOH	N@JOHNVICK.G	OP			
E-	mail Address: (to b	e used for future annual re	port notifications)		
For f	urther informati	on concerning this ma	tter, please call:		
JOH	N E. VICK		_at (725-	1506
	(Name of Conta	ict Person)	(Area Code)	(Day	/time Telephone Number)
		or the following amou		rocess	sed by this office must be payable in US
(\$25 fo & \$12	50.00 Filing Fees or Conversion 5 for Articles (anization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185,00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C	ection		New l	t Address: Filing Section ion of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

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 Articles of Conversion is:

TRIDENT STRATEGIES 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)
04/09/2019 on .
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:
TRIDENT STRATEGIES 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 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 14th day of JULY	20
	Signature of Authorized Representative of Limi	ted Liability Company:
	Signature of Authorized Representative: Printed Name: JOHN VICK	Title: OWNER
	Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
_	Signature: Printed Name: 1041 Vict	Title: OWNER
`	Signature:Printed Name:	_Title:
	Signature: Printed Name:	
	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 If Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.
	If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
	If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	y Limited Partnership:
	All others: Signature of an authorized person.	
	Fees:	
	Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
TRIDENT STRATEGIES LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
,	
Principal Office Address:	Mailing Address:
164 LAKEBREEZE CIR	164 LAKEBREEZE CIR
LAKE MARY, FL 32746	LAKE MARY, FL 32746
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	· 보고 보다
The name and the Florida street address of the re-	gistered agent are:
JESSICA LINDSAY MUND	
Name	- Page 12: 43
	
614 E 14TH ST	<u> </u>
Florida street address (P.O.	Box NOT acceptable)
SANFORD	FL ³²⁷⁷¹
City	Zip
Having bean new of an anxietant and an and to	and an in afore and for the above stated limited

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)

Δ	p	TI	C	F.	IV.

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	JOHN ERIC VICK
	164 LAKEBREEZE CIR
	LAKE MARY, FL 32746
AMBR	ANNALISA MARIE VICK
	164 LAKEBREEZE CIR
	LAKE MARY, FL 32746
AMBR	JOHN FREDERICK VICK
	514 HIAWATHA PALM PL
	APOPKA, FL 32712
(Use attachment if necessary) LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware that the Department of State constitutes a third degree felor
JOHN ERIC VICK	

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)