L20000303657

(Re	equestor's Name)	
(Address)		
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	_

Office Use Only



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GOVER LETTER .

TO: New Filing Section
Division of Corporations

SUBJECT: Norlat International 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:

Brandon L. Fuentes					
	(Contact Person)		_		
Norlat International LL	С				
	(Firm/Company)		_		
2037 Chestnut Ave					
	(Address)		-		
Buena Vista, VA 2441	6				
(1	City, State and Zip Code)		_		
brandonlfuentes@outl	ook.com				
E-mail Address: (to b	e used for future annual re	port notifications)	_		
For further informati	on concerning this ma	tter, please call:			
Brandon L. Fuentes		at (540) 461-9	9002	
(Name of Conta	act Person)) (Day	vtime Telephone Number)	
	for the following amou a bank located in the	· ·	process	sed by this office must be payable 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 Co		■\$185.00 Filing Fees. Certified Copy, and Certificate of Status	

Mailing Address:

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

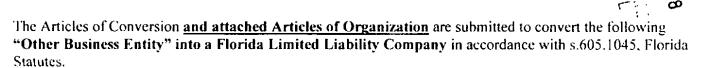
New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Conversion For

"Other Business Entity"

Into

Florida Limited Liability Company



 The name of the "Other Business Entity" immediately prior to the Norlat International LLC 	
(Enter Name of Other Business Entity)	
The "Other Business Entity" is a Limited Liability Company (Enter entity type, Example: corporation, limited partnership, generally. (Enter entity type) (Enter entity type)	M2000000 6565
(Enter entity type. Example: corporation, limited partnership, gene	eral partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of	if a non-U.S. entity, the name of the country)
·	if a non-O.S. entity, the name of the country)
October 28, 2014	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth i	in the attached Articles of Organization:
Norlat International LLC	
(Enter Name of Florida Limited Liability Company)	·
4. If not effective on the date of filing, enter the effective date:	2020
(The effective date: Cannot be prior to date of receipt or filed dathe date this document is filed by the Florida Department of Sta Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	ite nor more than 90 calendar days after ite.)
5. The plan of conversion has been approved in accordance with all a	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 th	is <u>27</u> day of August	20 <u></u>
Sianotur	re of Authorized Representative of	Limited Liability Company
Signature	e of Authorized Representative: ame: Brandon L. Fuentes	2005
Printed N	ame: Brandon L. Fuentes	Title: Owner/AMBR

Signature	e(s) on behalf of Other Business En	tity: See below for required signature(s)
	200	Title: Owner/AMBR
Signature	:	T' L O (AMDO
Printed N	ame: Brandon L. Fuentes	Title: Owner/AMBR
Signature		
Printed N	ame:	Title:
Signature	·	Title:
Printed N	ame:	Title:
G:		
Signature	; _	Title:
Printed IN	ане:	THE;
Signature	:	
Printed N	ame:	Title:
Signature	·	
Printed N	ame:	Title:
IC 121	Comment	
	a Corporation: of Chairman, Vice Chairman, Directe	or Officer
	or Officers have not been selected,	
n inicolo	is of Officers have not occur selected,	an meorpotator must sign.
If Florida	a General Partnership or Limited L	iability Partnership:
	of one General Partner.	
	<u>A Limited Partnership or Limited L</u>	
Signature	s of ALL General Partners.	
All others	e <i>•</i>	
	of an authorized person.	
o .g	porton.	
Fees:		
		
Α	rticles of Conversion:	\$25.00
	ees for Florida Articles of Organizat	
	ertified Copy:	\$30.00 (Optional)
C	ertificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	e:		
The name of the Lir	nited Liability Compar	ny is:	
Norlat International L			
(Mus	t contain the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ado	iress:		
The mailing address	and street address of t	the principal office of the Limited L	iability Company is:
Principal Office A	ddress:	Mailing Address:	
7901 4th St N		7901 4th St N	
STE 300		STE 300	
St. Petersburg, FL 33	3702	St. Petersburg, FL 33702	
(The Limited Liability Cor- business entity with an ac	npany cannot serve as its own tive Florida registration.)	tered Office, & Registered Agent' Registered Agent. You must designate an indiv 'the registered agent are:	
	Registered Agents Inc.		. '
		Name	9 (
	7901 4th St N STE 300 Florida street address	(P.O. Box NOT acceptable)	PH
	St. Petersburg	_{CI} 33702	608 80

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.

Zip

Registered Agent's Signature (REQUIRED)

City

(CONTINUED)

ARTICLE 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	
AMBR	Brandon L. Fuentes
	7901 4th St N STE 300
	St. Petersburg, FL 33702
	
	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	HA.
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 iment to the Department of State constitutes a third degree felor
Brandon L. Fuentes	
TV	yped 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)