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(C	ity/State/Zip/Phone #)
	WAIT MAIL
(8	usiness Entity Name)
	ocument Number)
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Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	Office Use Only



SECRETARY CONSTATE

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO.	:	I2000000195
REFERENCE	:	571654 4320229
AUTHORIZATION	:	Spretselenan
COST LIMIT	:	\$ 150.00

ORDER DATE : December 14, 2020

ORDER TIME : 1:18 PM

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _

- ORDER NO. : 571654-005
- CUSTOMER NO: 4320229

DOMESTIC AMENDMENT FILING

Space Science Services, LLC

NAME :

ME: APPLIED TECHNICAL SERVICES, INCT

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT/CONVERSION RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Aurora Herrera -- EXT# 62043

EXAMINER'S INITIALS:

COVER LETTER

TO: New Filing Section Division of Corporations

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SUBJECT: Space Science Services, 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:

Christopher Vorwald

(Contact Person)

Space Science Services, LLC

(Firm/Company)

1049 Triad Court

(Address)

Marietta, GA 30062

(City, State and Zip Code)

cvorwald@atslab.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Sabrina Rodrigues	at () 610-1832
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	■\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	S185.00 Filing Fees. Certified Copy, and Certificate of Status	
Mailing Add	ress:	Stree	t Address:	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



2020 DEC 15 PH 1: 22

SECRETARY OF STATE

TALLAHASSEE. FL

<u>Articles of Conversion</u> For <u>"Other Business Entity"</u> 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: Space Science Services, Inc.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a ______

(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)

March 31, 1961 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:

Space Science Services, 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.)

<u>Note:</u> 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.

DocuSign Envelope ID: E5013291-7774-4CB1-8686-C8AE4B9F7150

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•		day of <u>December</u>		
Signature	of Autho	rized Representativ	e of Limited	Liability Company:
		ized Representative:	Jim J. Hil	lls
Printed Na	me <u>: Jim J.</u>	Hills	E3D63705E40	Tiffie: Manager
Signature	(s) on beh	alf of Other Business	Entity: [Se	e below for required signature(s
c:	K., K /J	ille		
Printed Na	गार ध्यमगर्थः	phillis		l'itle: Director
Signature:				
Printed Na	me:			Title:
Signature: Printed Na	 me:			Fitle:
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Signature:				
Printed Na	me:			l'itle:
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Signature o If Director If Florida Signature o If Florida Signatures	<u>Corporati</u> of Chairma s or Office <u>General F</u> of one Gen <u>Limited P</u> of <u>ALL</u> G	n, Vice Chairman, Di rs have not been selec Partnership or Limit eral Partner.	rector, or Off ted, an Incor ed Liability I	porator must sign.
Signature of If Director If Florida Signature of If Florida Signatures All others Signature of	<u>Corporati</u> of Chairma s or Office <u>General F</u> of one Gen <u>Limited P</u> of <u>ALL</u> G	n, Vice Chairman, Di rs have not been selec Partnership or Limite eral Partner. Partnership or Limite	rector, or Off ted, an Incor ed Liability I	porator must sign. <mark>Partnership:</mark>
If Director If Florida Signature o If Florida Signatures All others	<u>Corporati</u> of Chairma s or Office <u>General F</u> of one Gen <u>Limited P</u> of <u>ALL</u> G	n, Vice Chairman, Di rs have not been selec Partnership or Limit eral Partner. Partnership or Limite eneral Partners.	rector, or Off ted, an Incor ed Liability I	porator must sign. <mark>Partnership:</mark>

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Space Science Services, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:	
5518 Force Four Pkwy	
Orlando, Florida 32839-2968	

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:	ECR TAL	
	Corporation Service C	ompany		∔ ≵ معر بهر
		Name	हरू ज	
	1201 Hays Street	ss (P.O. Box <u>NOT</u> acceptable)	SEE ST	Ц С
	Tallahassee	FL ³²³⁰¹	22 FL	
	City	Zip		

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)

Amanda Robinson Asst. Vice President 23

(CONTINUED)

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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		
MGR	Daniel L. Geiger	
	5518 Force Four Pkwy	
	Orlando, Florida 32839-2968	
MGR	Jim J. Hills	
	1049 Triad Court	
	Marietta, GA 30062	
MGR	Robert Luttrell	
	1049 Triad Court	
	Marietta, GA 30062	
MGR	Christopher Vorwald	
	1049 Triad Court	
	Marietta, GA 30062	
		SECRET SECRET
(Use attachment if necessary)		
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ARTICLE V: Other provisions, if any.		5 ×
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REQUIRED SIGNATURE:

Docusigned by: Jim J. Hills E3D83705E4034B4

Signature of a member or an authorized representative of a member-

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jim J. Hills

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)