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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiliess Ellary Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

SUBJECT: Sheltair Aviation Facilities, 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: DAMASO W. SAAVEDRA, ESQ. (Contact Person) Saavedra Goodwin	TO: New Filing Section Division of Corporations		
(Name of Resulting Florida Limited Company) The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Othe Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all correspondence concerning this matter to: DAMASO W. SAAVEDRA, ESQ. (Contact Person) Saavedra Goodwin	·		
Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045. F.S. Please return all correspondence concerning this matter to: DAMASO W. SAAVEDRA, ESQ. (Contact Person) Saavedra Goodwin	(Name of R	tesulting Florida Limite	d Company)
DAMASO W. SAAVEDRA, ESQ. (Contact Person) Saavedra Goodwin			
(Contact Person) Saavedra Goodwin	Please return all correspondence concerni	ing this matter to:	
Saavedra Goodwin	DAMASO W. SAAVEDRA, ESQ.		
	(Contact Person)		
	Saavedra Goodwin		
(Firm/Company)	(Firm/Company)		
312 SE 17th Street, 2nd Floor	312 SE 17th Street, 2nd Floor		
(Address)	(Address)		
Ft. Lauderdale, FL 33316	Ft. Lauderdale, FL 33316		
(City, State and Zip Code)	(City, State and Zip Code))	
dsaavedra@saavlaw.com	dsaavedra@saavlaw.com		
E-mail Address: (to be used for future annual report notifications)	E-mail Address: (to be used for future annual)	report notifications)	
For further information concerning this matter, please call:	For further information concerning this m	natter, please call:	
DAMASO W. SAAVEDRA 31 (954) 767-6333	DAMASO W. SAAVEDRA	at (954	767-6333
DAMASO W. SAAVEDRA at (954) 767-6333 (Name of Contact Person) (Area Code) (Daytime Telephone Number)	(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)	•		rocessed by this office must be payable in US
□ \$150.00 Filing Fees (\$25 for Conversion & Status Status □ \$155.00 Filing Fees & S180.00 Filing Fees & S185.00 Filing Fees. □ \$185.00 Filing Fees & Certified Copy & Certified Copy & Certified Copy & Certificate of Status □ \$185.00 Filing Fees & Certified Copy & Certificate of Status	(\$25 for Conversion and Certificate of & \$125 for Articles Status		Certified Copy. and
Mailing Address: Street Address:			
New Filing Section New Filing Section	-		_
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee	·		

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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 prior to the filing of the Articles of Conversion is: Sheltair Aviation Facilities, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
First organized, formed or incorporated under the laws of
05/16/1991 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:
Sheltair Aviation Facilities, 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 29th day of December 20 20.
Signature of Authorized Representative of Limited Liability Company:
Signature of Authorized Representative: Resel Malone, M. Printed Name: Lean M. Haland Title: Manager
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature: Mac M. Holland Title: President
Signature: Title:
Signature:
Printed Name:Title:
Signature: Title:
Signature: Title:
Signature:
Printed Name: Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.
All others: Signature of an authorized person.
Fooc

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Articles of Conversion:

Certificate of Status:

Certified Copy:

Fees for Florida Articles of Organization:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name o	of the Limited Liability Company is:
Sheltair Avia	ation Facilities, LLC
	(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE	II - Address:
The mailing	gaddress and street address of the principal office of the Limited Liability Company is

Principal Office Address:	Mailing Address:		
4860 NE 12th Avenue	4860 NE 12th Avenue		
Ft Lauderdale, FL 33334	Ft Lauderdale, FL 33334		

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:

ARTICLE I - Name:

Damaso W. Saavedra		<u>>-</u>	2(
Na	ame		O DEC	
312 S.E. 17th Street, Seco	ond Floor	6.5	ဋ္ဌ	
Florida street address (I	<u> </u>) P.	, -	
Ft Lauderdale	FL 33316		ب	
City	Zip	<u> </u>	£	

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)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	Gerald M. Holland	
	4860 N.E. 12th Avenue	
	Ft. Lauderdale, FL 33334	_
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	<u>~</u>	
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(Use attachment if necessary)		•
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ICLE V: Other provisions, if any.		
real recommendations in mig.	——————————————————————————————————————	

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Luce M. Holland PRES

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.

IFERALD M. HOLLAND

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)