

Daniel

L21000105365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

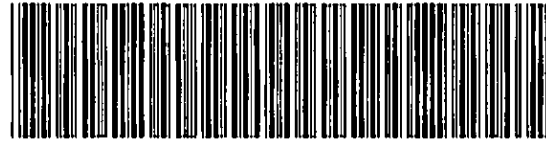
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/08/21--01034-- 002 **150.00

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21 FEB -9 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE
MAR 13 2021

W21-7278



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2021

JONATHAN P. REUBEN
J REUBEN CPA AN ACCOUNTANCY CORPORATION
23430 HAWTHORNE BLVD., STE. 290
TORRANCE, CA 90505

SUBJECT: FLY COMPLAINT, LLC
Ref. Number: W21000007278

We have received your document for FLY COMPLAINT, 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):

Please complete the marked sections in the Articles of Organization. A signature is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

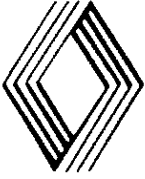
If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 021A00001647

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TALLAHASSEE, FLORIDA

2021 FEB -9 AM 9:57



JONATHON P. REUBEN, CPA

An Accountancy Corporation

23430 Hawthorne Blvd., Suite 290 • Torrance, CA 90505
(310) 378-3609 • Fax (310) 378-3709

February 2, 2021

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Fly Complaint, LLC
Ref. Number W21000007278

We are re-submitting our conversion documents with the required two signatures on the Articles of Conversion as instructed. It is my understanding the 150 filing fee has been paid. If that is not the case, please advise. Please process the attached Articles of Conversion and Articles of Organization, accordingly.

If I can be of further assistance, please contact me.

Regards,

Jonathan P. Reuben, CPA

Enc.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Fly Compliant, 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:

Jonathon P. Reuben

(Contact Person)

J Reuben CPA An Accountancy Corporation

(Firm/Company)

23430 Hawthorne Blvd., Suite 290

(Address)

Torrance, CA 90505

(City, State and Zip Code)

jreuben@jprcpa.com

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

For further information concerning this matter, please call:

Jonathon Reuben

at (310) 378-3609

(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

☐ \$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 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:
Fly Compliant, 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.)

First organized, formed or incorporated under the laws of California
(Enter state, or if a non-U.S. entity, the name of the country)

on July 6, 2004
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
Fly Compliant, 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.

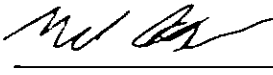
5. The plan of conversion has been approved in accordance with all applicable statutes.

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.

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TALLAHASSEE, FLORIDA

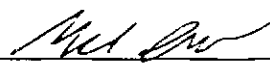
Signed this 7th day of December, 20 .

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 

Printed Name: Michael Origel Title: Managing Member

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: 

Printed Name: Michael Origel Title: Managing Member

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

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 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.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fly Compliant, 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:

Principal Office Address:

9309 Tradeport Drive, Suite 1
Orlando, Florida 32827

Mailing Address:

9309 Tradeport Drive, Suite 1
Orlando, Florida 32827

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:

Michael Origel

Name

9309 Tradeport Drive, Suite 1

Florida street address (P.O. Box NOT acceptable)

Orlando

City

FL 32827

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)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Michael Origel

9309 Tradeport Drive, Suite 1

Orlando, Florida 32827

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

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TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:



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.

Michael Origel

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)



State of California
Secretary of State

Certificate of Conversion

CONV-1A

File # _____

OPY

This Space For Filing Use Only

IMPORTANT — Read all instructions before completing this form.

Converted Entity Information

1. Name of Converted Entity Fly Complaint LLC			
2. Form of Entity Limited Liability Company		3. Jurisdiction California	
4. Mailing Address of Chief Executive Office 9309 Trade Port Drive Suite 1		City Orlando	State FL Zip Code 32827
5. Street Address of Chief Executive Office - Do not list a P.O. Box 9309 Trade Port Drive Suite 1		City Orlando	State FL Zip Code 32827
6. Street Address of the California Office, if any - Do not list a P.O. Box 23430 Hawthorne Blvd., Suite 290		City Torrance	State CA Zip Code 90505
7. If the converting entity is a California corporation, limited liability company, limited partnership or general partnership, you must designate an agent for service of process: Item 7a: List the name of an individual or a corporation registered in CA under California Corporations Code section 1505 that agrees to be your agent for service of process. You may not list the converted entity as the agent. Item 7b: If the agent is an individual, list the agent's business or residential street address. Item 7c: If the agent is an individual, list the mailing address of the converted entity's agent. Do not list an address if the agent is a California registered corporate agent as the address for service of process is already on file.			
a. Name of Agent For Service of Process			
b. If an individual, Street Address of Agent for Service of Process - Do not list a P.O. Box		City	State Zip Code
c. If an individual, Mailing Address of Agent for Service of Process		City	State Zip Code

Converting Entity Information

8. Name of Converting Entity Fly Complaint, LLC								
9. Form of Entity Limited Liability Company	10. Jurisdiction Florida	11. CA Secretary of State Entity Number, if any						
12. The principal terms of the plan of conversion were approved by a vote of the number of interests or shares of each class that equaled or exceeded the vote required. If a vote was required, the following was required for each class: <table border="0"><tr><td><u>The class and number of outstanding interests entitled to vote.</u></td><td>AND</td><td><u>The percentage vote required of each class.</u></td></tr><tr><td>LLC member interests</td><td></td><td>100%</td></tr></table>			<u>The class and number of outstanding interests entitled to vote.</u>	AND	<u>The percentage vote required of each class.</u>	LLC member interests		100%
<u>The class and number of outstanding interests entitled to vote.</u>	AND	<u>The percentage vote required of each class.</u>						
LLC member interests		100%						

Additional Information

13. Additional information set forth on the attached pages, if any, is incorporated herein by this reference and made part of this certificate.	
14. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge. I declare I am the person who executed this instrument, which execution is my act and deed.	
February 1, 2020 Date	Michael Origile, Managing Member
 Signature of Authorized Person	Type or Print Name and Title of Authorized Person
 Signature of Authorized Person	Kimberly Wickert, Limited Member
	Type or Print Name and Title of Authorized Person