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





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COVER LETTER

TO: New Filing S Division of C						
	•	1.0				
SUBJECT: VOICY TE	nfour Security Agency L	culting Florida Limi	ted Cor	npany)	_	
	s of Conversion, Artic	les of Organizat	ion, an	nd fees are submitted to ecordance with s. 605.1		
Please return all corr	espondence concernin	g this matter to:				
Hans Votcy						
	(Contact Person)		-			
	(Firm/Company)		-			
1633 Bloomfield Ave	(Address)		-			
Deltona, FL 32725	• ,		_			
	City, State and Zip Code)		-			
volcy.hans@yahoo.co			-			
	e used for future annual re					
For further informati	on concerning this ma	tter, please call:				
Hans Volcy		at (⁴⁰⁷)272-	1484 ytime Telephone Number)		
(Name of Conta	ect Person)	(Area Code) (Day	ytime Telephone Number)	_	
	or the following amou a bank located in the		process	sed by this office must l	be payabl	e in US
S150.00 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 Add New Filing S Division of C P.O. Box 632	ection Corporations		New Divis	t Address: Filing Section ion of Corporations Centre of Tallahassee	SS THAT LE	2021 AFR -7

2415 N. Monroe Street, Suite 8107 Tallahassee, FL 32303

Tallahassee, FL 32303

Tallahassee, FL 32314

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.

(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common	
First organized, formed or incorporated under the laws of(Enter state, or if a non-U.S. entity, the n	
(Enter state, or if a non-U.S. entity, the n	ame of the country)
08/08/2018	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articl	les of Organization:
Volcy Tenfour Security Agency LLC	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: 04/02/2021 (The effective date: Cannot be prior to date of receipt or filed date nor more than 90	anlandon dono often
the date this document is filed by the Florida Department of State.)	calendar days after
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
5. The plan of conversion has been approved in accordance with all applicable statutes.	
 The "Converted or Other Business Entity" has agreed to pay any members having appraisa which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	l rights the amount to
P18 (000) 68087	
	2821

Signed this 2nd	day of April	20
Signature of Auth	norized Representative of Lim	nited Liability Company:
Signature of Autho	orized Representative:	In the .
Printed Name: Hans	Volcy	Title: MGR
	<u> </u>	
Signature(s) on be	half of Other Business Entity:	[See below for required signature(s)]
Signature:	a Ja.	
Printed Name: Hans	s Volcy	Title: President
Timed Name.		Title. 1703deft
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:	· · · · · · · · · · · · · · · · · · ·	Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
rimed rame	•	True.
Signature:		
Printed Name:		Title:
If Florida Corpora	ation:	
	nan, Vice Chairman, Director, or	Officer
	cers have not been selected, an I	
Directors of Office	eers nave not occir serected, an n	reorporator must sign.
If Florida General	Partnership or Limited Liabil	ity Partnership
Signature of one Go		att at the suip.
bigilitare of one of	cherar rataiot,	
lf Florida Limited	Partnership or Limited Liabil	ity Limited Partnership
Signatures of ALL		ity Chinten Farthership.
orginatures of Mills	General Latinets.	
All others:		
Signature of an auth	harized person	
Signature of all auti	norized person.	
Fees:		
Articles of	Conversion:	\$35.00
	· · ·	\$25.00
	orida Articles of Organization:	\$125.00
Certified C	• •	\$30.00 (Optional)
Certificate	of Status:	\$5.00 (Optional)

ADTICIPA			
ARTICLE I - N The name of the	Name: : Limited Liability Company	vis:	
Volcy Tenfour Se	curity Agency LLC		
	(Must contain the words "Limited Lis	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - The mailing add		e principal office of the Limited Lia	ability Company is:
Principal Offic		Mailing Address:	
1633 Bloomfield	_	PO Box 19	
Deltona, FL 3272	5	Sanford, FL 32773	
_			
The name and (e Florida street address of the Hans Volcy		
	N	ame	
	1633 Bloomfield Ave	_	
	Florida street address (I	P.O. Box NOT acceptable)	
	Deltona	FL ³²⁷²⁵	
	City	Zip	
navnny con registered ager statutes relat	npany at the place designated nt and agree to act in this cap ing to the proper and comple	d to accept service of process for the d in this certificate, I hereby accept to pacity. I further agree to comply with te performance of my duties, and I a registered agent as provided for in C	he appointment as h the provisions of all m familiar with and
	Chil-	-/-·	
	Registered Agent's S	ignature (REQUIRED)	

(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 MGR Hans Volcy 1633 Bloomfield Ave Deltona, FL 32725 (Use attachment if necessary) **ARTICLE V:** Other provisions, if any. **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.

Typed or printed name of signee

Filing Fees

\$\frac{\frac{Filing Fees}{\frac{Fo}{2}}}{\frac{Fo}{2}} \frac{\frac{Fo}{2}}{\frac{Fo}{2}} \frac{\frac{Fo}{2}}{\frac{Fo}{2}}} \frac{\frac{Fo}{2}}{\frac{Fo}{2}} \frac{Fo}{2} \frac{Fo}{2} \frac{Fo}{2} \frac{Fo}{2}}{\frac{Fo}{2}} \frac{Fo}{2} \frac{Fo}{2} \frac{Fo}{2} \frac{Fo}{2} \frac{Fo}{2}}{\frac{Fo}{2}} \frac{Fo}{2} \frac

\$ 5.00 Certificate of Status (Optional)

Hans Volcy

\$ 30.00 Certified Copy (Optional)