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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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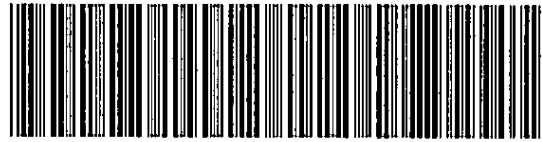
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 MAY -4 AM 9:29  
TALLAHASSEE, FLORIDA



Contact@flpatellaw.com  
Tel: 727.279.5037  
Fax: 727.888.1294

360 Central Avenue  
Suite 800  
Saint Petersburg, Florida 33701

April 16, 2021

Sent via: First Class Mail  
New Filing Section  
Division of Corporation  
The Centre of Tallahassee  
2415 North Monroe Street  
Suite 810  
Tallahassee, FL 32303

RE: Pacific Safety Training LLC

To the Secretary of State:

Enclosed are the Certificate of Conversion for "Other Business Entity" into a Florida Limited Liability Company, and the Articles of Organization for Pacific Safety Training LLC along with Check # ~~483~~ 1319 for \$155.00 for filing fees and Certificate of Status.

If there are any issues, please contact:

Attorney:	Kalpesh J. Patel
Firm:	FL Patel Law PLLC
Address:	360 Central Avenue, STE 800
City, State & Zip:	St. Petersburg, Florida 33701
Phone:	727-279-5037
E-mail:	<a href="mailto:kalpesh@flpatellaw.com">kalpesh@flpatellaw.com</a>

Very Truly,

*Kalpesh J. Patel, Esq.*

Kalpesh J. Patel  
Attorney and Counselor at Law

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2021 MAY -4 AM 9  
TALLAHASSEE, FL

**Certificate of Conversion**  
**For**  
**"Other Business Entity"**  
**Into**  
**Florida Limited Liability Company**

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This Certificate 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 this Articles of Conversion is: Pacific Safety Training LLC.
2. The "Other Business Entity" is a Limited Liability Company first organized under the laws of the State of California.
3. The "Other Business Entity" was formed on November 14, 2019.
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is: Pacific Safety Training LLC.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. This document becomes effective when the document is accepted and filed by Secretary of State.

Signed this April 15, 2021.

**Signature of the Authorized Representative of the Limited Liability Company:**

Signature of Authorized Representative: Simon Larkin  
Simon Larkin, Manager

**Required Signatures on behalf of the Other Business Entity**

Signature: Simon Larkin  
Simon Larkin, Member

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**PACIFIC SAFETY TRAINING LLC**  
**A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I.**

**Name**

The name of the Limited Liability Company is: Pacific Safety Training LLC (the "Company").

**ARTICLE II.**

**Address**

The principal office and mailing address of the Company is:

2430 Vanderbilt Beach Road  
Suite 108-646  
Naples, Florida 34109

**ARTICLE III.**

**Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida Street Address of the Registered Agent are:

FL Patel Law PLLC  
360 Central Avenue  
Suite 800  
Saint Petersburg, FL 33701

*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.*



(sign)

FL Patel Law PLLC

CLERK OF COURT  
TALLAHASSEE, FLORIDA

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**ARTICLE IV.**  
**Authorized Members and Managers**

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Simon Larkin 2430 Vanderbilt Beach Road Suite 108-646 Naples, Florida 34109

**ARTICLE V.**

The Effective date shall be the date of filing.

Simon Larkin (sign)

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.

\_\_\_\_\_  
Simon Larkin  
Authorized Representative/Member

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**2021 MAY -4 AM 9:29**  
FALLAHASSEE, FLORIDA