# C21000418322

(Requestor's Name)
(Address)
(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:

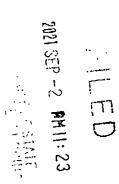
Office Use Only

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August 16, 2021

WILLIAM R. CHALLONER 4664 RUE BELLE MER SANIBEL, FL 33957

SUBJECT: SPOTLIGHT TECHNOLOGIES HOLDINGS LLC

Ref. Number: W21000111199

We have received your document for SPOTLIGHT TECHNOLOGIES HOLDINGS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Conversion must be sign.,

Please return the corrected original and one copy of 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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 621A00019093

2021 SEP -2 2000 [1:232 | 1:112: 10

#### **COVER LETTER**

TO: New Filing S Division of C				
	otlight Tech	inologies Hologitis Hologi	lings LLC	_
			nd fees are submitted to accordance with s. 605.1	
Please return all corr	respondence concernin	g this matter to:		
William I	2. Challoner (Contact Person)			207
4664 Ri	(Firm/Company) Le Belle Mor			2021 SEP -2 \$M11: 23
Sanibel,	(Address)  FL 3395  City, State and Zip Code)	7		* 1: 2:
bk@spotlie	httech. com			<b></b>
For further informati	on concerning this ma	tter, please call:		
William Cha (Name of Conta	alloner act Person)	at ( <u>920</u> ) <u>7</u> (Area Code) (Da	ytime Telephone Number)	_
	for the following amound a bank located in the		ssed by this office must l	be payable in US
☐ \$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 Add New Filing S Division of C	ection	New	et Address: Filing Section sion of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

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.

1. The name of the "Other Business Entity immediately prior to the filing of the Articles of Conversion is.  SpotLight Technologies LLC M 1 - 1691.  (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
on 6/14/2011 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Spotlight Technologies Holdings 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 day of August	20_21			
	Signature of Authorized Representative of Limi	ted Liability/Company:			
	Signature of Authorized Representative: William R. Challoner	Title:Manager/Director	<b>-</b> -		
	Signature(s) on behalf of Other Business Entity:	See below for required signature(s)			
7	Signature: W. High R. Challoner Printed Name: William R. Challoner	Title: Manager Director	<i>-</i> -		
/	Signature:Printed Name:	-			
	Signature:Printed Name:	Title:	- -		
	Signature:Printed Name:	Title	-		
	Signature:Printed Name:	Title:	- -		
	Signature:Printed Name:		_		
	Printed Name:	Title:	-		
	If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In				
	If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:			
	If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:			
	All others: Signature of an authorized person.			2021 SEP	
	<u>Fees:</u>			2 -2	:
	Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	OF STATE	弘二: 23	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Spotlight Technologies Holdings 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:  4664 Rue Belle Mer  Sanibel, FL 33957  Mailing Address:  4664 Rue Belle Mor  Sanibel, FL 33957
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:
William R. Challoner
Name
4664 Rue Belle Mer
Florida street address (P.O. Box <u>NOT</u> acceptable)
Sanibel FL 3395) City Zip
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)
(CONTINUED)

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

"AMBR" = Authorized Member "MGR" = Manager	William R. Challoner 4664 Rue Belle Mer Sanibel, FL 33957
(Use attachment if necessary)	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	<del></del>
	2021 SEP - 2
This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S.	r an authorized representative of a member as ware that the with section 605.0203 (1) (b), Florida Statutes, I am aware that ument to the Department of State constitutes a third decree from the Challoner

### 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)