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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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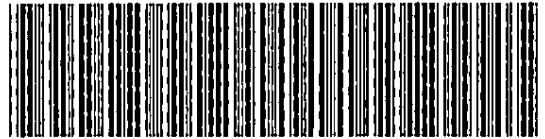
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
21 NOV -4 AM 9:36

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NOV 10 2021

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Nelson Parts, 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:

Lawrence Caplan

(Contact Person)

Lawrence A Caplan PA

(Firm/Company)

1375 Gateway Blvd

(Address)

Boynton Beach FL 33426

(City, State and Zip Code)

lacaplanlaw@bellsouth.net

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

For further information concerning this matter, please call:

L Caplan

at (561) 2450763

(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

SECRET FILED
DIVISION OF CORPORATIONS
21 NOV -4 AM 9: 36

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:
Nelson Parts, 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 Oregon
(Enter state, or if a non-U.S. entity, the name of the country)

on December 18, 2014
(date of organization, formation or incorporation)

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

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: Date of Filing
(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 NOVEMBER 2021.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: _____
Printed Name: Andrey Petrov Title: Manager

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

Signature: 
Printed Name: Andrey Petrov Title: Manager

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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nelson Parts, 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:

1375 Gateway Blvd

Boynton Beach, FL 33426

Mailing Address:

1375 Gateway Blvd

Boynton Beach, FL 33426

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:

Lawrence Caplan

Name

1375 Gateway Blvd

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

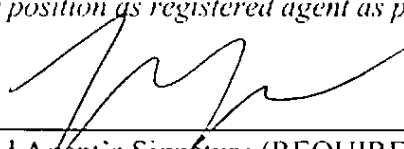
Boynton Beach FL 33426

FL

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)

SECTION 100.01, F.S.
DIVISION OF CORPORATIONS
21 NOV - 4 AM 9:36

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:

Andrey Petrov

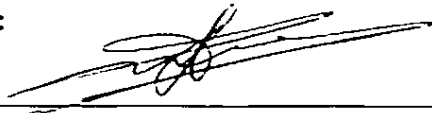
6565 Parkview Drive, Apt. A

Boca Raton, FL 33433

(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.

Andrey Petrov

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)



Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503) 986-2200
Fax: (503) 378-4381
www.oregon.gov/business

REGISTRY NUMBER: **107019598**
TYPE: FOREIGN LIMITED LIABILITY COMPANY

Next Renewal Date: 12/18/2021

EPIC AIRCRAFT, LLC
27500 NELSON RD STE 240
BEND, OR 97702

Acknowledgment Letter

The document submitted was recorded as shown below. Please review and verify the information listed for accuracy.

DOCUMENT	FILED ON	STATUS
STATE REGISTRATION	11/2/2021	INACTIVE

NAME
EPIC AIRCRAFT, LLC

JURISDICTION
OREGON

PRINCIPAL PLACE OF BUSINESS
27500 NELSON RD
BEND, OR 97702

REGISTERED AGENT
DH BUSINESS SERVICES, INC
400 SW BLUFF DR STE 240
BEND, OR 97702

MAILING ADDRESS
27500 NELSON RD
BEND, OR 97702

MEMBER
EPIC AIRCRAFT HOLDINGS, LLC
27500 NELSON RD
BEND, OR 97701

ARTICLE
ARTICLE 1
ARTICLE 2
ARTICLE 3

RECORD
RECORD
11/2/2021



Articles of Conversion - Business Entities

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-7200

REGISTRY NUMBER: 1070195-98

Under the new Oregon Revised Statute 192.410-192.410, the information on this application is a public record. It may be made available to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1. Name of Business Entity Prior to Conversion: Nelson Parts, LLC
2. Type of Business Entity Prior to Conversion: Limited liability company
3. Name of Business Entity After Conversion: Nelson Parts, LLC
4. Type of Business Entity After Conversion: limited liability company
5. Will the converted entity have continued existence in Oregon? Yes ☐ No ☒

6. If no, where will the jurisdiction be? Florida

7. Select one of the following:

- ☐ A copy of the plan of conversion is attached.
- ☒ Address where the plan of conversion is on file.

Address: 1375 Gateway Blvd

City: Beaverton Beach State: FL Zip Code: 33426

A copy will be provided upon request to any owner, member or shareholder at no cost. Each party (as specified by the statute) to the conversion obtained authorization and approval in accordance with the statutes that govern the business entity.

8. Provide additional information required for new entity type. (Required)

Entity will continue to operate as a limited liability company but will make election to be taxed as a corporation. Entity will retain all its

9. Oregon Corporation and Limited Liability Company Requirement:

Oregon Corporations and Limited Liability Companies comply with House Bill 2191 by attaching an information change form or document that includes the Principal Place of Business and Individual with Direct Knowledge.

10. Execution: (Must be signed by an officer or director for a corporation, a member or manager for a limited liability company, a general partner for a limited partnership, or a partner for a limited liability partnership.)

I, the undersigned, as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

Signature:

Printed Name:

Andrey Petrov

Title:

Manager

CONTACT NAME: (To resolve questions with this filing)

Telephone: (Optional)

PHONE NUMBER: (include area code)

(503) 245-0763

FEES

Domestic Required Processing Fee \$100

Foreign Required Processing Fee \$275

Processing fees are non-refundable. Please make check payable to "Corporation Division"

Fee copies are available at sos.oregon.gov/business using the Business Name Search program.