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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
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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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SECRETARY OF STATE

2022 JAN 19 PM 6: 29

FILED

D. O'KEEFE FEB 1 4 2022

W22-9917

January 31, 2022

MARK BOLD RELEVANT LAW - LYNCHBURG 1285 ENTERPRISE DRIVE LYNCHBURG, VA 24502

SUBJECT: NIGHTHAWK CYBER, LLC

Ref. Number: W22000009917

We have received your document for NIGHTHAWK CYBER, LLC and your check(s) totaling \$185.00. 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 Conversion. 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.

Letter Number: 222A00002376

DANIEL L O'KEEFE Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Division of	Corporations		
SUBJECT: Nighth	awk Cyber, LLC		
Sonorer	(Name of R	esulting Fiorida Limited	(Company)
			n, and fees are submitted to convert an "Othe in accordance with s. 605.1045, F.S.
Please return all co	rrespondence concerni	ng this matter to:	
Mark Bold			
·	(Contact Person)	1	
Relevant Law - Lynci	nburg		
	(Firm/Company)		
1285 Enterprise Drive	9		
	(Address)		
Lynchburg, Virginia 2	4502		
	(City, State and Zip Code)		
mbold@relevantlaw.c	om		
E-mail Address: (to	be used for future annual is	port notifications)	
For further informat	ion concerning this ma	itter, please call:	
Mark Bold		at (434) 20	00-9567
(Name of Cont	act Person)	(Area Code) (.	Daytime Telephone Number)
	for the following amou a a bank located in the		ressed by this office must be payable in US
I \$150.00 Filing Fees \$25 for Conversion \$ \$125 for Articles f Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fee and Certified Copy	s ■\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Add New Filing S Division of C P.O. Box 632	ection orporations	Nev Div	eet Address: W Filing Section vision of Corporations the Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

(NHS11 (7/17)

Tallahassee, FL 32314

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: Nighthawk Cyber, 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 (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
September 29, 2020 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Nighthawk Cyber, 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.

SECRETARY OF STATE ALLAHASSEE, FLORID:

122 JAN 19 PM 6: 2:

Signed this 1/11 day of July 14	20 22				
Signature of Authorized Representative of Limited Mability Company:					
Signature of Authorized Representative: Printed Name: Nathaniel Wade Title: CEO					
Signature(s) on behalf of Other Business Entity: Signature: 1/2 + Lange Wade	[See below for required signature(s)]				
Printed Name: Nathaniel Wade	Title: <u>CFO</u>				
Signature:Printed Name:	In a second seco				
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.					
<u>Fees:</u>					
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)				

SECRETARY OF STATE.

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Nighthawk Cyber, LLC	
(Must contain the words "Li:	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street addres	s of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
	111 N. Orange Ave.
111 N. Orange Ave.	
Suite 800	Suite 800

The name and the Florida street address of the registered agent are:

Nathaniel L. Wade	
Na	me
111 N. Orange Ave. Suite	800
Florida street address (P	.O. Box <u>NOT</u> acceptable)
Orlando	FL 32801
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)

SECRETARY OF STATE

Company:		
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	Nathaniel L. Wade	
	111 N. Orange Ave. Suite 800 32801	
		
(Use attachment if necessary)		
RTICLE V: Other provisions, if any.		
REQUIRED SIGNATURE:	Last	
This document is executed in accordance wit	authorized representative of a member this section 605.0203 (1) (b), Florida Statutes, I am aware that it to the Department of State constitutes a third degree felony	
Nath	aniel Wade	
Typed	for printed name of signee	

Filing Fees \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)

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

ARTICLE IV-

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