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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(cocument Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECHE DAY OF STATE TALLAHASSEE, FLORIDA

2022 JUL 28 AM 10: 0

COVER LETTER

TO: New Filing Section Division of Corporations		•
SUBJECT: Armati LLC		
(Name of Res	ulting Florida Limite	d Company)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li	les of Organizationability Company	on, and fees are submitted to convert an "Othe in accordance with s. 605.1045, F.S.
Please return all correspondence concernin	g this matter to:	
James E. Roth		
(Contact Person)		
Armati LLC		
(Firm/Company)		
3788 Lyndhurst Court		
(Address)		
Sarasota, Florida 34235		
(City, State and Zip Code)		
james.e.roth1@gmail.com		
E-mail Address: (to be used for future annual re	eport notifications)	
For further information concerning this ma	tter, please call:	
James Roth	_at (249-1540
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amound dollars and drawn on a bank located in the		rocessed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fees and Certificate of Status	□S180.00 Filing and Certified Cop	
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"

lnto

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: Armati Security Training and Consulting
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company
2. The "Other Business Entity 1s a
First organized, formed or incorporated under the laws of
on 07/14/2021 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of granization:
Armati 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 without be based 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 20 day of July	20 22	
Signature of Authorized Representative of Light	ed Liability Company:	
	6/1	
Signature of Authorized Representative: Printed Name: James E. Roth	Title: Owner	-
Signature(s) on behalf of Other Business Entity: [5]		
Signature: 155		_
Printed Name: James E. Roth	Title: Owner	_
Signature: Printed Name:	2501.50	_
Signature:Printed Name:	Title	_
Signature:Printed Name:	Tist	_
Printed Name:		_
Signature:Printed Name:	Title:	_ _
Signature:Printed Name:	Title:	203
Printed Name:		The Contract
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or C	Officer	TALLAHASSEE
If Directors or Officers have not been selected, an Inc	corporator must sign.	1355
If Florida General Partnership or Limited Liabilit		
Signature of one General Partner.		PILL 28 AM 10: 06 2022 JUL 28 AM 10: 06 1ALLAHASSEE FLORIDI
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	. .
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)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Armati Limited Liability Company (Must contain the words "Limited Liability)	Company, "L.L.C.," or "LLC.")	
ADTICLE IL. Addross:	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
3788 Lyndhurst Court Sarasota, Florida 34235	3788 Lyndhurst Court Sarasota, Florida 34235	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. For must designate an individual of this over	
	Z.morod agone area	
James E. Roth Name		
3788 Lyndhurst Court Florida street address (P.O.	Box NOT acceptable) FL 34235 Zip Zip	
Sarasota	Box NOT acceptable) FL 34235 Zip Zip	
City	Zip Ties Z C	
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate. I hereby accept the expointment as ity. I further agree to comply with the provisions of alwerformance of my duties, and I am familiar with and eistered agent as provided for in Chapter 605, F.S	

ARTICLE IV-

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

"MGR" = Manager	
MGR	James E. Roth
	3788 Lyndhurst Court
	Sarasota, Florida 34235
AMBR	Robin Roth
740010	3788 Lyndhurst Court
	Sarasota, Florida 34235
_	
	TALL A
(Use attachment if necessary)	ASS.
(Ose attachment if necessary)	
	11.5
CLE V: Other provisions, if any.	

REQUIRED	SICVA	TT	DE.
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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 \$.817.155, F.S.

James E. Roth 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)