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(Ře	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone	÷#)
PICK-UP	MAIT	MAIL
(B	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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D. O'KEEFE 0CT 28 2022

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT:
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Othe Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Lester Blowf (Contact Person)
LMB Security (Firm/Company)
6025 Wedge wood Village Carcle (Address)
Lake Worth, Fl 33463 (City, State and Zip Code)
Built betha C. Au. Cum E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person) at ($\frac{702}{\text{Area Code}}$) (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 and Certificate of Status (\$25 for Articles of Organization) \$150.00 Filing Fees and Certified Copy and Certificate of Status \$185.00 Filing Fees Certified Copy, and Certificate of Status
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision 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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LMB Security (Enter entity type. Example: corporation, limited partnership general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of State of Many law (Enter state, or if a non-U.S. entity, the name of the country)
on 5 27 2008 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: \(\frac{1\int_1\int_2\int_2}{2\int_2\int_2\int_2}\). (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.

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Signed this 14th day of October	20_7.7	
Signature of Authorized Representative of Lin	nited Liability Company:	
Signature of Authorized Representative: Jes Printed Name: Lester Blowlf	to Blout Title: CFO	_
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
Signature: Www Bhut Printed Name: Measam Bloudt	Title: Via Pros. dent	-
Signature:		
Printed Name:	Title:	•
Signature:		
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:	P**-1	
Frinted Name.	little:	
Signature:		
Signature: Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer. corporator must sign.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	AHASSET, FI

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FORTER ARTICLE I - Name:		•
The name of the Limited Liability Company is:		
Must contain the words "Kimited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
6025 Wedge und Village Circle Take worth, Fl 33463	6025 Wedgewood Lake Worth, [-13	Villago Circle 3463
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)		nt's Signature: ndividual or another
The name and the Florida street address of the	registered agent are:	
Lister Blount		
Nam	e	
6025 Wedgewod Florida street address (P.C	D. Box NOT acceptable)	
Lake Worth	FL 33463 Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as r	acity. I further agree to comp	ply with the provisions of all and I am familiar with and
128	5	-
Registered Agent's Si	gnature (REQUIRED)	2022
(CONT	INUED)	HILE OCT 21 PI CAHASSI C

"MGR" = Manager	
CED - AMBR	Lester Blook 6025 Wedge wood Village Cake worth, Fl 33463
VP-AMBR	MPRPAN Blowd 6025 Wedge wood Village Co Late World F1 734L3
· 	
(Use attachment if necessary)	<u> </u>
LE V: Other provisions, if any.	LAHASS
	7**
REQUIRED SIGNATURE:	
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am awament to the Department of State constitutes a third degree
Lecter Rlo	ped or printed name of signee

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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

ARTICLE IV-