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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(11)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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ALL ARASSET OF STATE

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Paladin Tech Works LLC			
(Name of Re	sulting Florida L	imited Company)	
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited I.	_		
Please return all correspondence concerning	g this matter t	o:	
Andy Lee Kimble			
(Contact Person)		_	
(Firm/Company)		<u> </u>	
1791 Vale Dr.			Fo. 2
(Address)			23 HAR
Clermont, FL 34711			
(City, State and Zip Code)			
vendors@paladintechworks.com			
E-mail Address: (to be used for future annual re-	port notification	8)	
For further information concerning this ma	tter, please ca	II:	
Andy Lee Kimble	at (⁷²⁰	, 864.0223	Cell 216/3747428
(Name of Contact Person)		ode) (Daytime Teleph	
Enclosed is a check for the following amound dollars and drawn on a bank located in the \$\Bigsup_{\text{\$\subset}} \\$150.00 Filing Fees (\$\\$25 for Conversion & \$125 for Articles \$\text{\$\subseteq} \Bigsup_{\text{\$\subseteq}}		ing Fees 4\$185.00	Filing Fees. Topy, and
Mailing Address: New Filing Section Division of Corporations		Street Address: New Filing Sect	
Division of Corporations P.O. Box 6327		Division of Corp The Centre of Ta	
Tallahassee FL 32314			Street Suite 810

Tallahassee, FL 32303

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.

 The name of the "Other Business Entity" immediately prior to the filing of the Article Paladin Tech Works LLC 	es of Conversion is:
(Enter Name of Other Business Entity)	·
The "Other Business Entity" is a Limited Liability Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common com	
(Enter entity type: Example: corporation, limited partnership, general partnership, comme	on 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)
on 12Nov2010 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Arti	icles of Organization:
Paladin Tech Works LLC	- 3 TI
(Enter Name of Florida Limited Liability Company)	22 J
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 9 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 dat 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 9th day of March	20_23
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Andy Lee Kimble	Title: Owner
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Printed Name: Andy Lee Kimble	
Printed Name: Andy Lee Kimble	Title: Owner
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	tv Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty 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)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Cor	npany is:
Paladin Tech Works LLC	
(Must contain the words "Lim	ited Liability Company, "L.1C.," or "L1.C.")
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
1791 Vale Dr.	1791 Vale Dr.
Clermont, FL	Clermont, FL
34711	34711

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:

Andy Lee Kimble			23	
	Name	Ęa.	His	71
1791 Vale Dr.			<u>۔</u> دن	1
Florida street address	रेस्ट्र-८ १९१ म्		1	
Clermont	FL 34711	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	
City	Zip	32		

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:

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	Andy Lee Kimble	
	1791 Vale Dr.	
	Clermont, FL 34711	
	<u> </u>	
		1
		\mathbb{R}^{2}
(Use attachment if necessary)		
		(
LE V: Other provisions, if any.		71
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		2 ::
		3 -

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.

Andy Lee Kimble

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)

E-Filed

Colorado Secretary of State Date and Time: 11/12/2010 05:05 PM

ID Number: 20101624798

\$50.00

Document number: 20101624798

Amount Paid: \$50.00

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Organization

filed pursuant to § 7-80-203 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

Document must be filed electronically.

Paper documents will not be accepted.

To access other information or print copies of filed documents. visit www.sos.state.co.us and select Business Center.

Document processing fee

Fees & forms/cover sheets

are subject to change.

Paladin Tech Works LLC

(The name of a limited liability company must contain the term or abbreviation "limited hability company" - "lid. hability company" , "limited hability co." - "lid Irability co.", "limited", "I.I.c.", "Itc." or Itd.", See §7-90-601, C.R.S.)

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

2. The principal office address of the limited liability company's initial principal office is

<u>Street</u>	address

Mailing address

(leave blank if same as street address)

6447 Union Ave

tStreet.	number and name)	S	 -∾-
Firestone	CO 80504		Ţ,
(Сау)	United States	stal Coder	
(Province - if applicable)	(Country)	$\mathcal{I}_{\mathcal{A}_{i}}$	دت
			7
iStreet number and na	me or Post Office Box information)	25.7	
		.~	
(Cuyi	(State) (ZIP Po	stal Code)	
(Province if applicable)	R ountry)		

The registered agent name and registered agent address of the limited liability company's initial registered agent are

Name (if an individual)	Kimble	Andy	Lee	
OR	(Last)	(Fust)	(Muldle)	(Suffix)
(if an entity) (Caution: Do not provide both c	m individual and an entity name.)	_		
Street address	6447 Union Ave			
		(Street number and name)		
	Firestone	CO	80504	
	(Cuy)	(State)	(ZIP Code)	

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Mailing address				
(leave blank if same as street address)	(Street manber	and name or Post Of	fice Box information)	
		<u></u>	<u>) </u>	
	Сиу	(Stat	ter ZIP Coder	
(The following statement is adopted by marking to The person appointed as registere		being so appoi	nted.	
4. The true name and mailing address of	the person forming the l	imited liability o	company are	
Name (if an individual)	Kimble	Andy	Lee	
OR	(Last)	(Fust)	(Middle)	(Suffix)
(if an entity) (Caution: Do not provide both an indivi	dual and an entity name i			
Mailing address	6447 Union Ave			
-	(Street num)	er and name or Post	Office Box information)	
	Firestone	CC	0 80504	
	(Cuv)	,Star United	States	$m - \omega$
	(Province - if applicab		untry)	
(lf the following statement applies, adopt				
The limited liability company h company and the name and ma				HIV.
5. The management of the limited liabilit (Mark the applicable box.)	y company is vested in		-	
one or more managers.				· · · · · · · · · · · · · · · · · · ·
OR ✓ the members.				
6. (The following statement is adopted by marking the	e box.)			
There is at least one member of the	e limited liability compa	ny.		
7. Of the following statement applies, adopt the states	ment by marking the boy and me	lude an attachment	<i>)</i>	
☐ This document contains additional	information as provided	l by law.		
8. (Caution: <u>Leave blank</u> if the document does significant legal consequences. Read instruc			layed effective date ha	s
th the following statement applies, adopt the state. The delayed effective date and, if appl		ment is/are		,
• •			(mm dd уууу hoar; monate	on pm)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

9. The true name and mailing address of the individual causing the document to be delivered for filing are

e	ndy Le	Kimble A
(Middle) (Suffix)	(First)	6447 Union Ave
informationa	name or Post Office Box	(Street number and
04	CO 805	Firestone
(ZIP Postal Code)	(State) United States	Слуг
-	(Country)	(Province if applicable)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Disclaimer:

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advices and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).

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Date of this notice: 11-23-2010

Employer Identification Number:

27-4029147

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

PALADIN TECH WORKS LLC ANDY L KIMBLE SOLE MBR 6447 UNION AVE FIRESTONE, CO 80504

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 27-4029147. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. They variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing secorporation status, it must timely file Form 2553, Election by a Small Business — Corporation. The LLC will be treated as a corporation as of the effective date of the secorporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.
- * Use this BIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub. Thank you for your cooperation.