L23000195255

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

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • !-800-342-8062 • Fax (850) 222-1222

SKYLANE CORPORATION to SKYLAN	NE CIRRUS, LLC
Please Debit I20000000257 For: 150	
Thank you Seth Neeley	
1-1/	
Ally	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
,	Officer Search
	Fictitious Search
Simon	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by: SETH	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

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COVER LETTER

TO:	New Filing S Division of C				
SHRI	FCT. SKYLAN	IE CORPORATION to S	KYLANE CIRRUS	S, LLC	
3000	LC1		sulting Florida Limi		npany)
			_		d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please	return all corr	espondence concernin	g this matter to:		
Andre	w W Rosin				
		(Contact Person)		_	
Andre	w W Rosin, PA			_	
		(Firm/Company)		_	
1966	Hillview St				
		(Address)		-	
Saras	ota FL 34239				
	(1	City, State and Zip Code)		=	
arosin	@rosinlawfirm.c	om			
E-n	nail Address: (to b	e used for future annual re	port notifications)	-	
For fu	rther informati	on concerning this ma	tter, please call:		
Andre	w Rosn		_at (359-	2604
	(Name of Conta	nct Person)	(Area Code	(Day	rtime Telephone Number)
		or the following amou a bank located in the	` .	rocess	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles inization)	☐S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add	ress:		Street	t Address:
	New Filing S	ection		New	Filing Section
	Division of C P.O. Box 632	•			ion of Corporations Centre of Tallahassee
	Tallahassee, 1				N. Monroe 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: SKYLANE CORPORATION
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation, (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(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)
5/30/1995 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: SKYLANE CIRRUS, 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.

Signed this 7 day of April	_ 20			
Signature of Authorized Representative of Limi				
Signature of Authorized Representative: Stan A Printed Name: NATARAJAN, SEAN	btarajan CEO/Brosidost			
		- S.	1023 APR	
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)		APR.	و او او معتصر معمد
Signature: Scan Natarajan Printed Name: NATARAJAN, SEAN	Title: CFO/President		R 19 MIII: 13	
			聖	يسوء الميار .
Signature: Printed Name:	Title:	- '.	. —	
		• •	. ω	
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 Officers have not been selected, an Inc.				
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	<u>ly Partnership:</u>			
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:			
Signatures of <u>ALL</u> General Partners.				
All others: Signature of an authorized person.				
Fees:				
Articles of Conversion:	\$25.00			
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$30.00 (Optional)			
Certificate of Status:	\$5.00 (Optional)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SKYLANE CIRR			
	(Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II -			
The mailing ad	dress and street address of	the principal office of the Limited Liabi	lity Company is:
Principal Offic	ce Address:	Mailing Address:	
492 Medow Lark Dr.		492 Medow Lark Dr.	s 2
Sarasota, FL 34	236	Sarasota, FL 34236	
	NATARAJAN, SEAN		ω
		3.1	
		Name	
	492 MEADOW LARK D		
		R s (P.O. Box <u>NOT</u> acceptable)	
		R s (P.O. Box <u>NOT</u> acceptable)	
	Florida street address	R	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager AMBR	Natarajan, Sean P.	
	492 MEADOW LARK DR	
	SARASOTA, FL 34236	
AMBR	NATARAJAN, MELANIE	
	492 MEADOW LARK DR	
	SARASOTA, FL 34236	
	اره انتهاره انتهاره	
		<u>`</u>
	! 	2
		
(Use attachment if necessary)		
(ت
CLE V: Other provisions, if any.		
DECLIDED SIGNATURE:		
REQUIRED SIGNATURE:		
Scan Natarajan		
3555566829069401		

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.

Sean Natarajan

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)