# 23000236353

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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### **COVER LETTER**

:

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: New Filing Section Division of Corporations	
SUBJECT: Fleet Security Consultants LLC (Name of Resulting Florida Limited Company)	
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert a Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045. F.S.	
Please return all correspondence concerning this matter to:	
James A. Feals // (Contact Person)  Fleet Security Consultants LLC (Firm Company)  1440 Coral Ridge Dr. 207  (Address)  Coral Springs Fl 3307/ (City State and Zip Code)	23 HAY
(City, State and Zip Code)  Big Fleet 1029	23 HAY 11 MM 6: 16
RoseLine Noel at (954) 683-0876  (Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount: (All checks processed by this office must be payable dollars and drawn on a bank located in the United States)	e in US
☐ \$150.00 Filing Fees (\$25 for Conversion & Status  ☐ \$180.00 Filing Fees and Certified Copy  & \$125 for Articles of Organization)  ☐ \$180.00 Filing Fees and Certified Copy  Certified Copy, and Certificate of Status	
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	

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 Conv	ersion/	is:
Fleet Security Consultants INC			
2. The "Other Business Entity" is a <u>Fleet Security Consultants</u> (Enter entity type, Example: corporation, limited partnership, general partnership, common le	J w or bus	wC iness tru	ıst, etc.)
First organized, formed or incorporated under the laws of Floride  (Enter state, or if a non-U.S. entity, the national content of the laws of Floride)			
on 3-29-2018			
(date of organization, formation or incorporation)  3. The name of the Florida Limited Liability Company as set forth in the attached Article	s of Or	g <u>a</u> niza	tion:
Fleet Security Consultants LLC (Enter Name of Florida Limited Liability Company)	.SS:	<u>-</u>	) (
(Enter Name of Florida Limited Liability Company)		<u>&gt;</u>	
4. If not effective on the date of filing, enter the effective date:		ؽ	
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 c	alēnda:	r <del>da</del> ys	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 we document's effective date on the Department of State's records.	ill not be	listed as	the
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.

\$5.00 (Optional)

Certificate of Status:

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Co	ompany is:	
Fleet Security (Must contain the words "Li	Consultants	L.L.C.
ARTICLE II - Address: The mailing address and street addres		
Principal Office Address:	Mailing Add	ress:

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:  RosEline Noel	SEUNE	23 HA	
Name	A S S (		
6919 w Broward Blvd. ste 246 Florida street address (P.O. Box NOT acceptable)		AH 6:	
Plantation FL 33317	54. 54. 14. 14. 14. 14. 14. 14. 14. 14. 14. 1	: 16	

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)

Α	RT	'IC	LF	IV-
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The name and address of each person authorized to manage and control the Limited Liability Company:

Name and Address:
ROSELINE NOC/ 6919 W Broward Blind Ste of Plantation, F1 33317
SEC SALL
MAY 14 CRETASS LAHASS
7- 6: 27- 6: 27- 6:
an authorized representative of a member
the state of the s
with section 605.0203 (1) (b). Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony

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)