L23000477461

(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:





200417508502

07/18/23--01016--007 **180.00



COVER LETTER

то:	New Filing So Division of C				
SUB.	JECT: Orbital L	LC			
005		(Name of Res	ulting Florida Limite	d Com	npany)
					d fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Pleas	e return all corre	espondence concerning	g this matter to:		
Cheye	enne Moseley				
*****		(Contact Person)			
Legal	zoom.com, lic.				
		(Firm/Company)			
101 N	Brand Blvd 11th I	1			
		(Address)			
Glend	ale, CA 91203				
	((City, State and Zip Code)			
billyb	igzz00@gmail.con	1			
E-:	mail Address: (to b	e used for future annual re	port notifications)		
For fu	urther information	on concerning this ma	tter, please call:		
Cheye	nne Moseley		_at (773-0	888
	(Name of Conta	ct Person)	(Area Code)	(Dayı	time Telephone Number)
		or the following amou a bank located in the		rocess	sed by this office must be payable in US
(\$25 fd & \$12:	50.00 Filing Fees or Conversion 5 for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	■\$180.00 Filing and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
New Divis Clifto	EET ADDRESS Filing Section ion of Corporati on Building Executive Cent	ons	New Fil Division P. O. Bo	ing Se of Cox 632	orporations

Tallahassee, FL 32301

Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida 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 January	20 23 .
Signature of Authorized Representative of L	
Signature of Authorized Representative: Printed Name: Marshall Pickel	Title: Member
Signature(s) on behalf of Other Business Entit	
Signature: Printed Name: Marshall Pickel	Title: President
Signature:Printed Name	Title:
Signature: Printed Name.	Title:
Signature. Printed Name:	Title
SignaturePrinted Name:	Title:
Signature:Printed Name:	
	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, If Directors or Officers have not been selected, as	
If Florida General Partnership or Limited Lia Signature of one General Partner	ibility Partnership:
If Florida Limited Partnership or Limited Lia Signatures of ALL General Partners.	bility Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organizatio Certified Copy: Certificate of Status:	\$25.00 in: \$125.00 \$30.00 (Optional) \$5.00 (Optional)



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Orbital LLC				
	in the words "Limited L	nability Company, "L.L.C.," or "LEC.")		
(1-11.001.11.1	an the words Timiled Ti	word, company, mose, we made y		
ARTICLE II - Address The mailing address and		he principal office of the Limited Liability Company		
Principal Office Address:		Mailing Address:		
835 NW 4th Ave Williston, Florida 32696	-	835 NW 4th Ave Williston, Florida 32696		
withston, Honda 12000		WithStott, 1 10/10d 32070		
business entity with an active Fl	lorida registration.)	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:		
business entity with an active Fl The name and the Florida	lorida registration.)	Registered Agent. You must designate an individual or another the registered agent are:		
business entity with an active Fl The name and the Florida	lorida registration.) a street address of d States Corporation /	Registered Agent. You must designate an individual or another the registered agent are:		
business entity with an active Florida The name and the Florida <u>United</u>	lorida registration.) a street address of d States Corporation /	Registered Agent. You must designate an individual or another the registered agent are: Agents, Inc.		
business entity with an active Florida The name and the Florida United 476 R	lorida registration.) a street address of d States Corporation A N Riverside Ave.	Registered Agent. You must designate an individual or another the registered agent are: Agents, Inc.		
business entity with an active Florida The name and the Florida United 476 R Flori	lorida registration.) a street address of d States Corporation A N Riverside Ave. rida street address of	Registered Agent. You must designate an individual or another the registered agent are: Agents. Inc. Name (P.O. Box NOT acceptable) FL 32202		
business entity with an active Florida The name and the Florida United 476 R Flori	lorida registration.) a street address of d States Corporation A N Riverside Ave. rida street address	Registered Agent. You must designate an individual or another the registered agent are: Agents. Inc. Name (P.O. Box NOT acceptable)		
business entity with an active Florida The name and the Florida United 476 R Florida Jacks	lorida registration.) a street address of d States Corporation A Riverside Ave. rida street address of conville City	Registered Agent. You must designate an individual or another the registered agent are: Agents. Inc. Name (P.O. Box NOT acceptable) FL 32202 Zip		
the name and the Florida United 476 R Florida Jacks Having been named as	lorida registration.) a street address of d States Corporation A Riverside Ave. rida street address of conville City y registered agent a	Registered Agent. You must designate an individual or another the registered agent are: Agents. Inc. Name (P.O. Box NOT acceptable) FL 32202 Zip and to accept service of process for the above stated li.		
the name and the Florida United 476 R Florida Jacks Having been named as liability company at	lorida registration.) a street address of d States Corporation A Riverside Ave. rida street address of conville City s registered agent at the place designat	Registered Agent. You must designate an individual or another the registered agent are: Agents. Inc. Name (P.O. Box NOT acceptable) FL 32202 Zip and to accept service of process for the above stated lived in this certificate, I hereby accept the appointment		
the name and the Florida United 476 R Florida Jacks Having been named as liability company at registered agent and agent ag	lorida registration.) a street address of d States Corporation A Riverside Ave. rida street address of conville City s registered agent a the place designat gree to act in this co	Registered Agent. You must designate an individual or another the registered agent are: Agents. Inc. Name (P.O. Box NOT acceptable) FL 32202 Zip and to accept service of process for the above stated lived in this certificate, I hereby accept the appointment apacity. I further agree to comply with the provisions		
the name and the Florida United 476 R Florida Jacks Having been named as liability company at registered agent and agestatutes relating to the	lorida registration.) a street address of d States Corporation / N tiverside Ave. rida street address of conville City s registered agent a the place designat gree to act in this ca e proper and comp.	Registered Agent. You must designate an individual or another the registered agent are: Agents. Inc. Name (P.O. Box NOT acceptable) FL 32202 Zip and to accept service of process for the above stated lived in this certificate, I hereby accept the appointment		

(CONTINUED)

103/4/8/7/ED

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Marshall Pickel
AMBR	835 NW 4th Ave
	Williston, Florida 32696
	Williston, Frontal 32070
	- 4
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
DECHIDED SIGNATURE.	
REQUIRED SIGNATURE:	, /
/	
Signature of a member of	an authorized representative of a member
This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am aware th
This document is executed in accordance	e with section 605,0203 (1) (b) Florida Stanues, Lam aware th
This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S. Marshall Pickel	re with section 605.0203 (1) (b). Florida Statutes. I am aware the innent to the Department of State constitutes a third degree felo
This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S. Marshall Pickel	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am aware thument to the Department of State constitutes a third degree felocyped or printed name of signee Filing Fees

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

10 May 10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Add		Liability Company, "L.IC.," or "LLC.")		
		the principal office of the Limited Liability Comp		
Principal Office Address:		Mailing Address:		
835 NW 4th Ave		835 NW 4th Ave		
Williston, Florida 3269	96	Williston, Florida 32696		
		the registered agent are:		
		ŭ ŭ		
	Torida street address o	Agents, Inc.		
	lorida street address o United States Corporation 476 Riverside Ave.	Agents, Inc.		
	lorida street address o United States Corporation 476 Riverside Ave.	Agents, Inc. Name		

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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	Marshall Pickel
	835 NW 4th Ave
	Williston, Florida 32696
(Use attachment if necessary)	
(
LE V: Other provisions, if any.	,
,	
REQUIRED SIGNATURE:	
	I /// ₂
	1/0-
Signature of a member or	an authorized representative of a member
This document is executed in accordance	te with section 605.0203 (1) (b), Florida Statutes. I am aware that tument to the Department of State constitutes a third degree felon
as provided for in s.817.155, F.S.	amena to the Department of State constitutes a third degree felon
Marshall Pickel	
Ty	yped 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)