# L23000560460

(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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# **CT CORP**

## (850) 656- 4724 3558 lakesore Drive Tallahassee, FL 32312

D	ate: 12/20/2023	900072 4: DW
	Acc#I201600	000072
Name:	ADVANTOR SYSTEMS CO	ORPORATION
Document #:		
Order #:	15285837 - 16	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of  Apostille/Notarial Certification:	Country of Destine Number of Certs	
Filing: 🗸	Certified: ✓  Plain:   COGS:	Email Address for Annual Report Notifications:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 180.00	

Thank you!

#### **COVER LETTER**

	lew Filing Se Pivision of Co				
SUBJEC	T: Advantor	Systems II LLC			
		(Name of Res	ulting Florida Limit	ed Com	pany)
			_		d fees are submitted to convert an "Othe cordance with s. 605.1045, F.S.
Please re	turn all corre	espondence concerning	g this matter to:		
Tham Ng	uyen				
		(Contact Person)	<del></del>	-	
V2X, Inc.					
		(Firm/Company)		-	
7901 Jon	es Branch Dri	ive, Suite 700			
		(Address)		•	
McLean,	VA 22102				
tham.ng	(C uyen@goV2X.	City, State and Zip Code)	-	-	
E-mail	Address: (to be	e used for future annual re	port notifications)	-	
For furth	er informatio	on concerning this mat	tter, please call:		
Tham Ng	uyen		at ( <sup>571</sup>	,447-€	6908
(1	Name of Conta	ct Person)		(Day	time Telephone Number)
		or the following amou a bank located in the		rocess	ed by this office must be payable in US
□ \$150.00 (\$25 for Co & \$125 for of Organiz	r Articles	\$155.00 Filing Fees and Certificate of Status	<b>\$180.00</b> Filing and Certified Cop		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
N D P	<b>Mailing Addi</b> New Filing Solivision of C Nov. Box 632 Callahassee, F	ection orporations 7		New F Divisi The C	Address: Filing Section on of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### **Articles of Conversion**

For

#### "Other Business Entity"

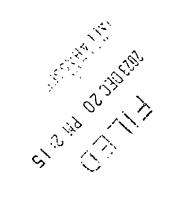
Into

#### 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of C Advantor Systems Corporation	Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Corporation P46 0000 8 1154	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law o	r business trust, etc.)
First organized, formed or incorporated under the laws of	f the country)
on 10/23/1997 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Advantor Systems II LLC	`Organization:
(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 cale	
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 cales 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 a second or second o	

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 this19th day ofDecember	2@3
Signature of Authorized Representative of Limite	•
Signature of Authorized Representative:  Printed Name: Kevin T. Boyle	Title: Manager
Signature(s) on behalf of Other Business Entity: [5]	
Signature:Printed Name: Kevm T. Boyle	Title: President
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:	
Printed Name:	_Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Off Directors or Officers have not been selected, an Inc.	Officer.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y 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)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability	ty Company is:	:	
Advantor Systems II LLC			
(Must contain the wor	ds "Limited Liabili	ly Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:			
The mailing address and street a	ddress of the p	rincipal office of the Limit	ed Liability Company is:
Principal Office Address:		Mailing Address:	
12612 Challenger Pkwy, #300		12612 Challenger Pkwy,	#300
Orlando, FL 32826		Orlando, FL 32826	<del></del>
	<del> </del>		
(The Limited Liability Company cannot se business entity with an active Florida regi The name and the Florida street	stration.)	-	
C T Corporat	ion System		
	Nam	ie	
1200 South E	Pine Island Road	1	
•		D. Box NOT acceptable)	
Plantation,	•	FL <sup>33324</sup>	
<del></del>	City	Zip	
Having been named as registe liability company at the pla registered agent and agree to a statutes relating to the prope accept the obligations of m	ce designated i act in this capa r and complete	n this certificate, I hereby a city. I further agree to com performance of my duties,	accept the appointment as ply with the provisions of all and I am familiar with and
Stephon	ni Howay	Stephanie Hencz, Assistant Secret	ary
Register	ed Agent's Sig	nature (REQUIRED)	
	(CONTIN	NUED)	S. R. S.
			7 🕠

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

"AMBR" = Authorized Member "MGR" = Manager	
MGR	Kevin T. Boyle
	7901 Jones Branch Drive, Suite 700
	McLean, VA 22102
<del></del>	
(1)	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
ctive date of this filing is 01/01/2024 at	11:59 pm
1	
required signature:	
N/2-40-	

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.

Kevin T. Boyle, Manager

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)