L24000030717

| (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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COVER LETTER

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| TO: New Filing Section Division of Corporations | | | |
|--|--------------------------------|-----------------------------|--|
| SUBJECT: Black Diamond Aviation, LLC | | | |
| (Name of Resulting | Florida Limit | ed Com | pany) |
| The enclosed Articles of Conversion, Articles of Business Entity" into a "Florida Limited Liability" | • | | |
| Please return all correspondence concerning this | matter to: | | |
| Sharon Nolan | | | |
| (Contact Person) | | • | |
| Black Diamond Group, Inc. | | | |
| (Firm/Company) | | • | |
| 101 E Kennedy Blvd, Suite 2100 | | | |
| (Address) | | • | |
| Tampa, FL 33602 | | | |
| (City, State and Zip Code) | | | |
| snolan@blackdiamondcap.com | | | |
| E-mail Address: (to be used for future annual report ne | otifications) | | |
| For further information concerning this matter, p | olease call: | | |
| Sharon Nolan at (| 813 | 367-5 | 281 |
| (Name of Contact Person) | | (Dayt | ime Telephone Number) |
| Enclosed is a check for the following amount: (A dollars and drawn on a bank located in the United | - | rocesse | ed by this office must be payable in US |
| · · | 180.00 Filing Certified Cop | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | New F Division The Co | Address: Tiling Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |

Tallahassee, FL 32303





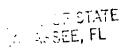
Articles of Conversion

For

2023 OCT 13 PM 3:50

"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 Conversion is: Black Diamond Aviation, Inc. |
|---|
| (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.) |
| First organized, formed or incorporated under the laws of |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| March 10, 2015 on |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Black Diamond Aviation, 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 12 day of October | |
|---|--|
| Signature of Authorized Representative of Limi | ted Liability Company: |
| Signature of Authorized Representative: Printed Name: Sharon Nolan | Title: Secretary |
| Signature(s) on behalf of Other Business Entity: | See below for required signature(s)] |
| Signature: | |
| Printed Name: Scott Atwood | Title: SVP |
| Signature: Printed Name Charles Beale | |
| Printed Name: Charles Beale | Title: SVP |
| Signature: MAM Many | |
| Printed Name: Sharon Nolan | Title: Secretary |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Signature:Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc. | |
| If Florida General Partnership or Limited Liability Signature of one General Partner. | ty Partnership: |
| If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners. | ty 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

| ORIDA LIVII I ED LIABILIT I COMPANI | | | |
|---|--|--|--|
| 2023 OCT 13 PH 3: 50 | | | |
| AHAOSEE, FL | | | |
| | | | |
| Company, "L.L.C.," or "LLC.") | | | |
| | | | |
| incipal office of the Limited Liability Company is: | | | |
| Mailing Address: | | | |
| PO Box 172117 | | | |
| Tampa, FL 33672 | | | |
| Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another | | | |
| egistered agent are: | | | |
| | | | |
| . | | | |
| 00 | | | |
| Box NOT acceptable) | | | |
| FL 33602 | | | |
| Zip | | | |
| , | | | |

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)

ARTICLE IV-

as provided for in s.817.155, F.S.

Robert Rothman

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

| Name and Address: | | | | |
|---|--|--|--|--|
| | | | | |
| | | | | |
| Robert Rothman | | | | |
| 101 E Kennedy Blvd, Suite 2100 | | | | |
| Tampa, FL 33602 | | | | |
| Margaret Rothman | | | | |
| 101 E Kennedy Blvd, Suite 2100 | | | | |
| Tampa, FL 33602 | | | | |
| Black Diamond Group, Inc. | | | | |
| 101 E Kennedy Blvd, Suite 2100 | | | | |
| Tampa, FL 33602 | | | | |
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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)