# L24000 390908

(Requestor's Name)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 7 ming Officer.

Office Use Only



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## CAPITAL CONNECTION, INC.

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

ARMOR MANAGEMENT CO	NSULTING, LLC	
Please Debit FCA000000003 For:	150	
Thank you Seth Neeley		
1		
Atty		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
		Рһыо Сору
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
/ .		Officer Search
	<u> </u>	Fictitious Search
Simonum Simonum		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
<u> </u>		UCC 11 Search
Name Date	Time	UCC 11 Retrieval
Walk-In Will Pick I	Up	Courier

#### **COVER LETTER**

TO:	New Filing S Division of C				
SUB.	JECT: ARMOR	MANAGEMENT CONS	ULTING, LLC		
202		(Name of Re	sulting Florida Lim	ited Cor	nipany)
					nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Plcas	e return all corr	espondence concernin	g this matter to:		
RUSS	SELL KERR, ES	Q.			
		(Contact Person)		_	
KERF	R LAW GROUP I	LC		_	
		(Firm/Company)			
1025	W INDIANTOW	N ROAD, SUITE 102		<del>_</del>	
		(Address)			
JUPI	TER, FL 33458			_	
	,	City, State and Zip Code)			
	RR@RUSSELLK				
E-1	mail Address: (to b	e used for future annual re	port notifications)		
For fu	arther informati	on concerning this ma	tter, please call:		
RUSS	SELL KERR		_at (_ <sup>561</sup>	չ 563-	9415
	(Name of Conta	act Person)	(Area Code	(Day	ytime Telephone Number)
		for the following amou a bank located in the		proces	sed by this office must be payable in US
(\$25 fc & \$12:	50.00 Filing Fees or Conversion 5 for Articles anization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632	ection Corporations 27		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee
	Tallahassee, l	FL 32314		2410	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 Conversion is: ARMOR MANAGEMENT CONSULTING, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability company  (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)
08/19/2021
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Armor Management Consulting, 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 11th day of September	20 <u></u> 24
Signature of Authorized Representative of Lim	itgd_Liability Company:
Signature of Authorized Representative: Printed Name: Jeffrey K. Brownlee	Title: Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature(s) on behalf of Other Business Entity:  Signature:  Printed Name: Jeffrey K Brownlee	
Signature:	
Printed Name: Jerrey ky prowniee	Little: Manager
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnershin
Signature of one General Partner.	ry rarmersmp.
<u>If Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
0	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
	· ·
Signatures of <u>ALL</u> General Partners.  All others: Signature of an authorized person.	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the w	TING, LLC s "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	dress of the principal office of the Limited Liability Company
•	
Principal Office Address:	Mailing Address:
13741 SW Gingerline Drive	13741 SW Gingerline Drive
Port St. Lucie, FL 34987	Port St. Lucie, FL 34987
The Limited Liability Company cannot subusiness entity with an active Florida re	
The Limited Liability Company cannot substitute the business entity with an active Florida re	e as its own Registered Agent. You must designate an individual or another ration.)  ddress of the registered agent are:
(The Limited Liability Company cannot a business entity with an active Florida re The name and the Florida stree	e as its own Registered Agent. You must designate an individual or another ration.)  ddress of the registered agent are:
(The Limited Liability Company cannot business entity with an active Florida re  The name and the Florida stree  RUSSELL A	e as its own Registered Agent. You must designate an individual or another ration.)  Iddress of the registered agent are:  ERR, ESQ.  Name
The Limited Liability Company cannot business entity with an active Florida re The name and the Florida stree  RUSSELL A	e as its own Registered Agent. You must designate an individual or another ration.)  ddress of the registered agent are:  ERR, ESQ.
The Limited Liability Company cannot business entity with an active Florida re The name and the Florida stree  RUSSELL A	e as its own Registered Agent. You must designate an individual or another ration.)  ddress of the registered agent are:  ERR, ESQ.  Name  NTOWN ROAD, SUITE 102
The Limited Liability Company cannot business entity with an active Florida re The name and the Florida stree  RUSSELL A  1025 W INE  Florida str	e as its own Registered Agent. You must designate an individual or another ration.)  ddress of the registered agent are:  ERR, ESQ.  Name  NTOWN ROAD, SUITE 102  address (P.O. Box NOT acceptable)

(CONTINUED)

Registered Agent's Signature (REQUIRED)

A	R	T	Т	C	L	F.	1	V	_
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The name and address of each person authorized to manage and control the Limited Liability Company:

DARATSISH A J 2 LRA 1	
"AMBR" = Authorized Member	
"MGR" = Manager	1 ( D ) 1
MGR	Jeffrey Brownlee
	13741 SW Gingerline Drive
	Port St. Lucie, FL 34987
(Lico attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)	
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(Use attachment if necessary)  LE V: Other provisions, if any.	
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LE V: Other provisions, if any.	
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LE V: Other provisions, if any.  REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware t
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document and accordance and false information submitted in a document.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware to the Department of State constitutes a third degree fel
REQUIRED SIGNATURE:  Signature of a member or	e with section 605,0203 (1) (b). Florida Statutes, I am aware t
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document and accordance and false information submitted in a document.	e with section 605,0203 (1) (b). Florida Statutes, I am aware t
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes. I am aware t ament to the Department of State constitutes a third degree fel
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605,0203 (1) (b). Florida Statutes, I am aware t