LI4000445485

(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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Filing Cover Sheet

Date: 10/22/2024
From: LESLIE SELLERS C/O Capitol Services, Inc
To: Florida Division of Corporations

Trans#: 1503423

Entity Name: INNOVATIVE TECHNOLOGY SOLUTIONS & SECURITY LLC

	<u>1</u> 024
Articles of Organization ()	Amendment ()
Articles of Dissolution ()	Annual Report ()
Conversion (XXX)	Fictitious Name ()
Foreign Qualification ()	Limited Liability ()
Limited Partnership ()	Merger ()
Reinstatement ()	Withdrawal / Cancellation ()
Other ()	Partnership Registration ()

STATE FEES PREPAID WITH CHECK # 4242 FOR \$180.00

PLEASE RETURN:

Certified Copy (XXX) Plain Stamped Copy ()
Good Standing () Certificate of Fact ()

Phone: 855-498-5500



Filing Cover Sheet

——————————————————————————————————————	
To: Florida Division of Corporations	
From: LESLIE SELLERS C/O Capitol Services, Inc.	
Date: 10/22/2024	
Trans#: 1503423	
Entity Name: INNOVATIVE TECHNOLOGY SO	OLUTIONS & SECURITY LLC
Articles of Organization ()	Amendment ()
Articles of Dissolution ()	Annual Report ()
Conversion (XXX)	Fictitious Name ()
Foreign Qualification ()	Limited Liability ()
Limited Partnership ()	Merger ()
Reinstatement ()	Withdrawal / Cancellation ()
Other () Pa	rtnership Registration ()
STATE FEES PREPAID WITH CHECK # 4242 FOR \$18	30.00
PLEASE RETURN:	
Certified Copy (XXX) Plain Stamped Co	nv ()
Good Standing () Certificate of Fact	()

Phone: 855-498-5500

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.

The name of the "Other Business Entity" immediately prior to the filing of the Articl Innovative Technology Solutions & Security Inc.	es of Conversion is:
(Enter Name of Other Business Entity)	•
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership, commo	
First organized, formed or incorporated under the laws of(Enter state, or if a non-U.S. entity, the	209
(Enter state, or if a non-U.S. entity, the	name of the country)
October 11, 2012 (date of organization, formation or incorporation)	27.22
3. The name of the Florida Limited Liability Company as set forth in the attached Articles Technology Solutions & Society LLC	icles of Organization:
Innovative Technology Solutions & Security 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 5 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 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 22nd day of October		
Signature of Authorized Representative of Limit	ted Liability Company:	
Signature of Authorized Representative: [sup the	1	
Printed Name: Lorenzo Giles	Title: Authorized Signatory	
Signature(s) on behalf of Other Business Entity: [See helow for required signature(s)	
	oce below for required signature (c)	
Signature: Lorenzo Giles	Titl Brasidan/ICEO	
Printed Name: Lorenzo Giles	Title: President/CEO	
Signature:Printed Name:		
Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:		2024.00
Signature:Printed Name:	Title:	() 1:-
Signature:Printed Name:	Title	13
		:
Signature:Printed Name:	45.1	
Printed Name:	_ little:	
If Florida Corporation:		
C_{i} C_{i} C_{i} C_{i} C_{i} C_{i} C_{i} C_{i} C_{i}		
Signature of Chairman, Vice Chairman, Director, or C	and and the married along	
If Directors or Officers have not been selected, an Inc	corporator must sign.	
If Directors or Officers have not been selected, an Inc If Florida General Partnership or Limited Liabilit	-	
If Directors or Officers have not been selected, an Inc	-	
If Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	
If Directors or Officers have not been selected, an Inc If Florida General Partnership or Limited Liabilit	y Partnership:	
If Directors or Officers have not been selected, an Inc. 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 Partnership:	
If Directors or Officers have not been selected, an Inc If Florida General Partnership or Limited Liabilit Signature of one General Partner. If Florida Limited Partnership or Limited Liabilit	y Partnership:	
If Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabilit Signature of one General Partner. If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners. All others:	y Partnership:	
If Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabilit Signature of one General Partner. If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners. All others: Signature of an authorized person.	y Partnership:	
If Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabilit Signature of one General Partner. If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners. All others: Signature of an authorized person. Fees:	y Partnership: y Limited Partnership:	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ogy Solutions & Security LL ust contain the words "Limited Li		L.L.C.," or "LLC.")		
ARTICLE II - A	ddress: ss and street address of th	a principal off	ica of the Limited 1	Liability Company is:	
The mailing addre	ess and street address of the	ie principai on	ice of the Limited	Liaumity Company is.	
Principal Office	Address:	<u>Mailing</u>	Address:		
95165 Overseas Hi	ghway	95165 O	verseas_Highway		
Unit 2		Unit 2	. <u></u>	22	
Key Largo, FL 3303	Registered Agent, Regist	Key Larg	o, FL 33037	72.4	
business entity with an	active Florida registration.) Florida street address of t	the registered a		·	ز م د
	Capitol Corporate Service	es, Inc. Iame		~	
	N	lame		7	
		lame L	Γ acceptable)	7	
	N 515 E. Park Avenue, 2nd F	lame L	Γ acceptable)	7	
	515 E. Park Avenue, 2nd F Florida street address (lame L P.O. Box <u>NO</u>		7	

Registered Agent's Signature (REQUIRED)

Kim Tadlock, as Asst. Secretary on behalf of

Capitol Corporate Services, Inc.

Kim Tadlock

(CONTINUED)

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\sim		$I \cup L$		14-

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

"AMBR" = Authorized Member			
"MGR" = Manager AMBR	Innovative Solutions Holdings, Inc.		
AMBIT	95165 Overseas Highway, Unit 2		
	Key Largo, FL 33037		
			
(Use attachment if necessary)			
LE V: Other provisions, if any.	 		
- 13 -			
<u> </u>			
REOUIRED SIGNATURE:	DecuSweed by		
REQUIRED SIGNATURE:	- Decusaryod by Lorenzo Giles		
REQUIRED SIGNATURE:			
REQUIRED SIGNATURE:	loneuro Gles		
Signature of a member of	or an authorized representative of a member		
Signature of a member of	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am aware		
Signature of a member of	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am aware		
Signature of a member of This document is executed in accordar any false information submitted in a do	Lorungo Glus — cau carron 12)		

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