## -24000451177

(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:

Office Use Only



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AND TALLAHASSEELFI.

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2024 OCT 25 AM II: 43

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## CORPORATE ACCESS,

## When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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		PICK UP:	JENA 10/25		
2	XX	CERTIFIED COPY PHOTOCOPY CUS			
2	XX	FILING	CONVERSION		
1.	-	ARMOR COURTS INC (CORPORATE NAME AND DOCUMEN	ζΓ Đ)		
2.	-	(CORPORATE NAME AND DOCUMEN	<u>(工作</u> )		
3.					
4.	-	(CORPORATE NAME AND DOCUMEN	ÿΓ #)		
		(CORPORATE NAME AND DOCUMEN	V( ) #)		
5.		(CORPORATE NAME AND DOCUMES	VΓ #)		
6.	,	(CORPORATE NAME AND DOCUMEN	TY #)		
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SPEC	SPECIAL INSTRUCTIONS:				

### **COVER LETTER**

Division of C	orporations			
SUBJECT: ARMOR	COURTS, LLC			
SUBJECT.	(Name of Res	ulting Florida Lim	ted Con	npany)
				d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:		
ROBERT SALTSMAN				
	(Contact Person)		-	
ROBERT P. SALTSMA	AN, P.A.			
	(Firm/Company)		_	
P.O. BOX 2146				
	(Address)		_	
WINTER PARK, FL 32	2790			
(1	City, State and Zip Code)		_	
JUDY@SALTSMANP	A.COM			
E-mail Address: (to b	e used for future annual re	port notifications)	_	
For further informati	on concerning this ma	iter, please call:		
ROBERT SALTSMAN		_at (	647-	2899
(Name of Conta	nct Person)		(Day	ytime Telephone Number)
	for the following amou a bank located in the		proces	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 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 Tallahassee,	ection Corporations 27		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: New Filing Section

# Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

SECRETARY OF STATE

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 COURTS INCORPORATED
(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.)
(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)
04/08/2015 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
ARMOR COURTS, 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 24 day of October 2024 Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative: Printed Name: KEITH D. HOERSCH Title: MANAGER Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Signature: Valuera Printed Name: PATRICIA D. HOERSCH Title: PRESIDENT Signature: Title: Printed Name: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: \_\_\_\_\_ Printed Name:\_\_\_\_\_ Title: \_\_\_\_\_ If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others: Signature of an authorized person. Fees: Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00 Certified Copy: \$30.00 (Optional)

\$5.00 (Optional)

Certificate of Status:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

ARMOR COURTS, LLC (Must cont	ain the words "Limited Li	ability Company, "L.L.C.," or "LI.C.")				
ARTICLE II - Addres	s:					
The mailing address and	street address of th	e principal office of the Limited L	Liability Company is:			
Principal Office Addre	<u> </u>	Mailing Address:				
3477 HIGH RIDGE ROAD	)	3477 HIGH RIDGE ROAD				
#2-23		#2-23	<del></del>			
BOYNTON BEACH, FL 33426		BOYNTON BEACH, FL 33426				
ARTICLE III - Registe (The Limited Liability Company	y cannot serve as its own F	ered Office, & Registered Agent'	's Signature 12			
ARTICLE III - Registe (The Limited Liability Company business entity with an active I The name and the Floric	y cannot serve as its own F Florida registration.)	Registered Agent. You must designate an indiv	vidual of pother OCT 25 PA			
ARTICLE III - Registe (The Limited Liability Company business entity with an active F  The name and the Floric  KEIT	y cannot serve as its own F Florida registration.) da street address of t FH D. HOERSCH N	Registered Agent. You must designate an individue he registered agent are:	vidual at prother OCT 25			
ARTICLE III - Registe (The Limited Liability Company business entity with an active F The name and the Floric KEIT	y cannot serve as its own F Florida registration.) la street address of t FH D. HOERSCH N 7 HIGH RIDGE ROAD	Registered Agent. You must designate an individue he registered agent are:	vidual of pother OCT 25 PA			
ARTICLE III - Registe (The Limited Liability Company business entity with an active F  The name and the Floric  KEIT  Flo	y cannot serve as its own F Florida registration.) la street address of t FH D. HOERSCH N 7 HIGH RIDGE ROAD	Registered Agent. You must designate an individue he registered agent are:  Tame	vidual of pother OCT 25 PA			

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)

A	RT	$\Gamma \cap \Gamma$	F	$IV_{-}$
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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					
MGR	KEITH D. HOERSCH				
<del></del>	3477 HIGH RIDGE ROAD #2-23				
	BOYNTON BEACH, FL 33426				
	S) N				
<del></del>	ACC 22				
	2				
	35 N				
	<del></del>				
(Use attachment if necessary)					
,					
TICLE V: Other provisions, if any.					
Tous vi outer provisions, it airy.					
<del></del>					
DECLUDED CLCS.					
REQUIRED SIGNATURE:					
6.41					
1/2/15 () (A.O.	uch				
Signature of a member or	r an authorized representative of a member				
This document is executed in accordance	ce with section 605,0203 (1) (b). Florida Statutes, I am aware that				
any false information submitted in a doci	ument to the Department of State constitutes a third degree felony				
as provided for in s.817.155, F.S.					
KEITH D. HOERSCH					
	rmod ou miletal manage City				
17	yped or printed name of signee				
	Filing Food				

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