

L24000468731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

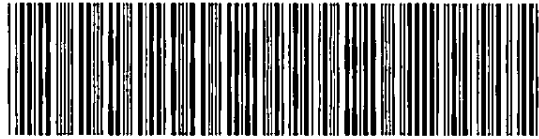
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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08/12/25--01021--022 \*\*55.00

FILED  
2025 AUG 12 AM 11:47  
TALLAHASSEE, FL

9/29/2025

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INTEGRATED OPERATIONS LLC

\_\_\_\_\_  
Name of Florida Limited Liability Company

The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company" into an "Other Business Entity" in accordance with s.605.1045, F.S.

Please return all correspondence concerning this matter to:

ANDREW HOLLIDAY

\_\_\_\_\_  
Contact Person

THE HOLLIDAY FIRM

\_\_\_\_\_  
Firm/Company

11175 CICERO DRIVE, SUITE 100

\_\_\_\_\_  
Address

ALPHARETTA, GA 30022

\_\_\_\_\_  
City, State and Zip Code

ANDREW@HOLLIDAYFIRM.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREW HOLLIDAY

at ( 678 ) 646-6771

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee  
and Certificate of  
Status

☒ \$55.00 Filing Fee  
and Certified Copy

☐ \$60.00 Filing Fee,  
Certified Copy, and  
Certificate of Status

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Articles of Conversion**  
For  
**Florida Limited Liability Company**  
Into  
**"Converted or Other Business Entity"**

**FILED**  
2025 AUG 12 AM 11:47  
TALLAHASSEE, FL

The Articles of Conversion is submitted to convert the following **Florida Limited Liability Company into an "Other Business Entity"** in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

INTEGRATED OPERATIONS LLC

Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

INTEGRATED OPS, LLC

Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a LIMITED LIABILITY COMPANY  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

organized, formed or incorporated under the laws of DELAWARE  
(Enter state, or if a non-U.S. entity, the name of the country)

The formation document is attached (if applicable).

4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.

5. This conversion shall be effective in Florida on: JULY 31, 2025  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")

**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.


6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":

a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address: 1209 ORANGE STREET  
WILMINGTON, DE 19801  
Mailing Address: 1209 ORANGE STREET  
WILMINGTON, DE 19801

7. 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 31st day of JULY, 2025

Signature:   
Must be signed by a Member or Authorized Representative

Printed Name: ANDREW HOLLIDAY Title: AUTHORIZED REPRESENTATIVE

**Fees:** Filing Fee: \$25.00  
Certified Copy: \$30.00 (Optional)  
Certificate of Status: \$5.00 (Optional)

# Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A FLORIDA LIMITED LIABILITY COMPANY UNDER THE NAME OF "INTEGRATED OPERATIONS LLC" TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "INTEGRATED OPERATIONS LLC" TO "INTEGRATED OPS, LLC", FILED IN THIS OFFICE ON THE THIRTY-FIRST DAY OF JULY, A.D. 2025, AT 11:35 O'CLOCK A.M.



*C. B. Sanchez*

Charuni Patibanda-Sanchez, Secretary of State

10279866 8100F  
SR# 20253528058

Authentication: 204354629  
Date: 07-31-25

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 11:35 AM 07/31/2025  
FILED 11:35 AM 07/31/2025  
SR 20253528058 - File Number 10279866

STATE OF DELAWARE  
CERTIFICATE OF CONVERSION  
FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO A  
DELAWARE LIMITED LIABILITY COMPANY  
PURSUANT TO SECTION 18-214 OF  
THE DELAWARE LIMITED LIABILITY COMPANY ACT

1. The jurisdiction where the non-Delaware limited liability company was first formed is FLORIDA and the date the non-Delaware limited liability company first formed is 11/01/2024.
2. The jurisdiction immediately prior to filing this Certificate is FLORIDA.
3. The name of the non-Delaware limited liability company immediately prior to filing this Certificate is INTEGRATED OPERATIONS LLC.
4. The name of the limited liability company as set forth in the Certificate of Formation is INTEGRATED OPS. LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the  
31st day of JULY, A.D. 2025.

By Andrew Holliday  
Authorized Person

Name: ANDREW HOLLIDAY

Print or Type

# Delaware

The First State

Page 1

*I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE  
STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A  
TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF  
"INTEGRATED OPS, LLC" FILED IN THIS OFFICE ON THE THIRTY-FIRST  
DAY OF JULY, A.D. 2025, AT 11:35 O'CLOCK A.M.*



*C. B. Sanchez*

Charuni Petibanda-Sanchez, Secretary of State

10279866 8100F  
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State of Delaware  
Secretary of State  
Division of Corporations  
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STATE OF DELAWARE  
CERTIFICATE OF FORMATION  
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is INTEGRATED OPS, LLC

2. The Registered Office of the limited liability company in the State of Delaware is located at CORPORATION TRUST CENTER, 1209 ORANGE STREET (street), in the City of WILMINGTON, Zip Code 19801. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is THE CORPORATION TRUST COMPANY

By: Andrew Holliday  
Authorized Person

Name: ANDREW HOLLIDAY  
Print or Type