124000518028

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
openiar metrodicate to triming contests.

Office Use Only



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COVER LETTER

TO: New Filing So Division of Co				
SUBJECT: Trident S	olutions LLC			
30DJEC1	(Name of Res	ulting Florida Limite	ed Com	npany)
		=		d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:		
Nikiya Santillan- Watts				
	(Contact Person)			
Doing Business Right L	LC			
	(Firm/Company)			
240 Clear Sky Circle				
	(Address)			
Sacramento , CA 95823	3			
	City, State and Zip Code)			
info@doingbizzright.coi	•			
	e used for future annual re	nort notifications)		
·	on concerning this ma	•		
Nikiya Santillan- Watts		-	627-5	5070
(Name of Conta	ct Person)	(Area Code)	/	time Telephone Number)
	or the following amou a bank located in the	•	rocess	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Cop		☐S185.00 Filing Fees. Certified Copy. and Certificate of Status
Mailing Addr New Filing So Division of C P.O. Box 632 Tallahassee. I	ection orporations 7		New I Divisi The C 2415 i	Filing Section on Graph of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form to convert an "Other Business Entity" into a "Florida Limited Liability Company" pursuant to section 605.1045. Florida Statutes. These forms are basic and may not meet all conversion needs. The advice of an attorney is recommended.

Pursuant to s. 605.0102(23)a, F.S., entity means: a business corporation, a nonprofit corporation, a general partnership, including a limited liability partnership, including a limited partnership, including a limited liability limited partnership; a limited liability company; a real estate investment trust; or any other domestic or foreign entity that is organized under an organic law.

Filing Fees: \$150.00 (\$25 for Articles of Conversion and

\$125 for Articles of Organization)

Certified Copy (optional): \$30.00

Certificate of Status (optional): \$5.00

Send one check in the total amount payable to the Florida Department of State.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing Address:

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

Street Address:

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

For further information, you may contact the New Filing Section at (850) 245-6052.

Important Notice: As a condition to the conversion, pursuant to s.605.0212(9), F.S., each party to the conversion must be active and current through December 31 of the calendar year this document is being submitted to the Department of State for filing.

INHS11 (7/17)

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
Trident Solutions LLC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (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)
02/06/2023
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Trident Solutions 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 20 day of November	20
Signature of Authorized Representative of Limi	-
Signature of Authorized Representative:	
Printed Name: Nikiya Santillan- Watts	Title: Organizer, Manager of DBR
Printed Name: Winya Santinan- Watts	Title: Organizer, Manager of BBIX
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
	see below for required signature(s))
Signature:	
Printed Name: Nikiya Santillan- Watts	Title: Organizer, Manager of DBR
Signature:	
Printed Name:	Title:
Signature:Printed Name:	70.1
Printed Name:	I itle:
Signatura	
Signature:Printed Name:	Title
Timed Name.	
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
If Florida Corporation:	OPT -
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnershin:
Signature of one General Partner.	<u> </u>
If Florida Limited Partnership or Limited Liability	ty 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)
Certificate of Status:	\$5.00 (Optional)
Certificate of Status.	55.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Con	npany is:
•	
Trident Solutions LLC	
(Must contain the words "Lim	nited Liability Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address:	
	s of the principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
7436 Rhubarb Dr	7436 Rhubarb Dr
Parrish, Florida 34219	Parrish Florida 34219
	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another
The name and the Florida street address	ss of the registered agent are:
Dale Vogelsang	
	Name
7436 Rhubarb Dr	
Florida street add	ress (P.O. Box NOT acceptable)
Parrish	FL ³⁴²¹⁹
City	
Haning have seemed as varietowal as	ent and to accept service of process for the above stated li

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 (REQUIRIED)

(CONTINUED)



is:

Λ	RT	CI	E,	IV.
-	TX I			1 ¥ -

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

"AMBR" = Authorized Member "MGR" = Manager	
CEO	Janelle Vogelsang
<u> </u>	7436 Rhubarb Dr
	Parrish Floria, 3419
	r aman riona, 5413
CEO	Dale Vogelsang
	7436 Rhubarb Dr
	Parrish Florida, 3419
_ 	
-	
	r an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155. F.S.	ce with section 605.0203 (1) (b). Florida Statutes. I am aware that ument to the Department of State constitutes a third degree felor
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a doc as provided for in s.817.155. F.S.	ce with section 605.0203 (1) (b). Florida Statutes. I am aware that ument to the Department of State constitutes a third degree felor upped or printed name of signee
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