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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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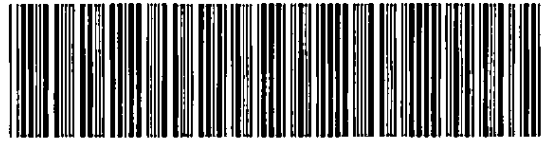
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2021 MAR 16 PM 3:06

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Operator Solutions, Inc.

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Shane Smith

Contact Person

Operator Solutions

Firm/Company

1900 S. Harbor City Blvd., Suite 328

Address

Melbourne, FL 32901

City, State and Zip Code

shane@rescue.space

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

For further information concerning this matter, please call:

Shane Smith

Name of Contact Person

at (321) 961-7036

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$105.00 Filing Fees ☐ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☒ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

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

2021 MAR 15 PM 3:06

Articles of Conversion
For
Converting Eligible Entity
Into
Florida Profit Corporation

The Articles of Conversion **and attached Articles of Incorporation** are submitted to convert the following **eligible business entity into a Florida Profit Corporation** in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

Operator Solutions, LLC

Enter Name of the Converting Entity

2. The converting entity is a limited liability company

(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida

(Enter state, or if a non-U.S. entity, the name of the country)

on May 27, 2020

Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Operator Solutions, Inc.

Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

5. If not effective on the date of filing, enter the effective date: January 1, 2021

(The effective date: Cannot be prior to nor more than 90 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.

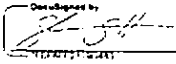
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Signed this 28 day of February, 2021

Required Signature for Florida Profit Corporation:

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

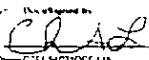
DocuSigned by:

SHANE SMITH

Printed Name: Shane Smith Title: CFO

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]

Signature:  _____

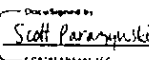
Printed Name: Brandon Daugherty Title: CEO

Signature:  _____

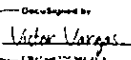
Printed Name: Christopher Lais Title: COO

Signature:  _____

Printed Name: Christopher Tucker Title: Director

Signature:  _____

Printed Name: Scott Parazynski Title: Director

Signature:  _____

Printed Name: Victor Vargas Title: Director

Signature: _____

Printed Name: _____ Title: _____

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.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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**ARTICLES OF INCORPORATION
FOR RESULTING FLORIDA PROFIT CORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**

ARTICLE I NAME

The name of the corporation shall be: Operator Solutions, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

1900 S. Harbor City Blvd, Ste. 328
Melbourne, FL 32901

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Deliver unrivaled rescue capability to personnel far beyond the typical first responder's and Coast Guard's
reach, to areas only reachable by parachute insertion and high-angle of attack, to facilitate terrestrial and open-
ocean rescue of citizens in distress, boaters and astronauts with world-class special operators and physicians.

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Brandon Daugherty, CEO

Address: 4803 Springwater Cir.
Melbourne, FL 32940

Name and Title: Christopher Lais, COO

Address: 3993 Palladian Way
Melbourne, FL 32904

Name and Title: Scott Parazynski, Director

Address: 5207 Morningside Dr.
Houston, TX 77005

Name and Title: Shane Smith, CFO

Address: 4411 Chardonnay Dr.
Viera, FL 32955

Name and Title: Christopher Tucker, Director

Address: 400 Yale Dr.
Alexandria, VA 22314

Name and Title: Victor Vargas, Director

Address: 4190 Richwood Ct.
Merritt Island, FL 32952

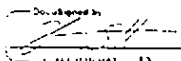
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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Shane Smith
Address: 4411 Chardonnay Dr
Viera, FL 32955

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

DocuSigned by

1.0127156.1063 Required Signature/Registered Agent

February 28, 2021
Date

2021 FEB 15 PM 3:06