# L21000001297

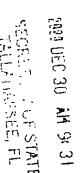
(Requestor's Name)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## **WALK IN**

PHOTOCOPY  CUS  FILING  LLC  CUSTOM CHEMICAL SERVICES LLC  (CORPORATE NAME AND DOCUMENT #)  (CORPORATE NAME AND DOCUMENT #)  (CORPORATE NAME AND DOCUMENT #)	
CUSTOM CHEMICAL SERVICES LLC (CORPORATE NAME AND DOCUMENT #)  (CORPORATE NAME AND DOCUMENT #)	
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#### **COVER LETTER**

Division o	g Section  f Corporations			
SUBJECT: Custo	m Chemical Services LLC	·		
	(Name of Ro	sulting Florida Lir	nited Co	empany)
The enclosed Artic Business Entity" in	cles of Conversion, Artic nto a "Florida Limited L	cles of Organiza	ation, a ny" in a	nd fees are submitted to convert an "Othe accordance with s. 605,1045, F.S.
Please return all co	orrespondence concernir	ng this matter to	ı:	
Leon N. Patricios				
	(Contact Person)			
Zumpano Patricios				
· · · · · · · · · · · · · · · · · · ·	(Firm/Company)		_	
312 Minorca Avenue	e			
	(Address)		_	
Coral Gables, Florid	a 33134			
· · · · · · · · · · · · · · · · · · ·	(City, State and Zip Code)	<del></del>	_	
chadh@customcher	nicalservices.com			
E-mail Address: (to	o be used for future annual re	port notifications)	-	
For further informa	ation concerning this ma	tter, please call	:	
Leon N. Patricios		at ( <sup>305</sup>	١.	5565
(Name of Co	ntact Person)	(Area Cod	e) (Da	ytime Telephone Number)
Enclosed is a check dollars and drawn o	c for the following amou on a bank located in the	int: (All checks United States)	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	S180.00 Filin and Certified Co	g Fees opy	Certified Copy, and Certificate of Status
Mailing Ad New Filing Division of			New	t Address: Filing Section ion of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

FILED

700 DEC 30 AM 9: 31

SECRETALLAH, SSHE, FL

## Articles of Conversion For "Other Business Entity" Into

#### Florida Limited Liability Company

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: Custom Chemical Services, Inc.
(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.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
July 30, 2003  (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Custom Chemical Services 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.

	3D2D54-F10E-425D-9F35-0013DB8CA63D	
Signed this	day of	20 :
Signature of A	uthorized Representative of L	imited Liability Company:
	(	(ILAD IH/1-C
Printed Name: Ch	thorized Representative:	Title: Authorized Manager
	( ( 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	y: [See below for required signature(s
Signature:	CHAD HICKS	
Printed Name: Ch	nad Hicks	Title: President Director
Signature:		Title:
rinico Name		Title:
Signature:		
Printed Name:		Title:
Ci		
Signature: Printed Name:		Title
		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
K Flacida Cama		
If Florida Corpo	oration: frman, Vice Chairman, Director,	or Officer
	ficers have not been selected, an	
		- The state of the
	al Partnership or Limited Liab	eility Partnership:
Signature of one (	General Partner.	
f Florida Limite	ed Partnership or Limited Liab	ility Limited Partnership
	L General Partners.	<u> </u>
<del>All others:</del> Signature of an au	therized person	
orginature or an ac	morized person.	
ees:		
Articles o	f Conversion:	\$25.00
	Florida Articles of Organization	
Certified	Copy:	\$30.00 (Optional)
Certificate	e of Status:	\$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Custom Chem	Must contain the words "Limited Li	ability Company, "L.L.C.," or "L.L.C.")	
	(issued contain the words. Elimited Li	ability Company, "L.E.C.," or "LLC.")	
ARTICLE I	I - Address:		
The mailing a	address and street address of th	e principal office of the Limited L	iability Company is:
Principal Of	fice Address:	Mailing Address:	
9292 NW 101	9292 NW 101 Street 9292 NW		
Medley, Florid	W 101 Street 9292 NW 101 Street  v, Florida 33178 Medley, Florida 33178		·
ARTICLE II	II - Registered Agent, Registe	ered Office, & Registered Agent	's Signature: ridual or another
ARTICLE II (The Limited Liab	II - Registered Agent, Registerity Company cannot serve as its own Registration.) If the Florida street address of the Chad Hicks	ered Office, & Registered Agent legistered Agent. You must designate an indiv the registered agent are:	vidual or another
ARTICLE II (The Limited Liab	II - Registered Agent, Registerity Company cannot serve as its own Registration.) If the Florida street address of the Chad Hicks	ered Office, & Registered Agent Legistered Agent. You must designate an indiv	vidual or another  SECONCE
ARTICLE II (The Limited Liab	II - Registered Agent, Registerity Company cannot serve as its own Registration.) If the Florida street address of the Chad Hicks	ered Office, & Registered Agent legistered Agent. You must designate an indiv the registered agent are:	vidual or another  SECNATIVE  TALL ASSAULT
ARTICLE II (The Limited Liab	II - Registered Agent, Registerity Company cannot serve as its own Registration.)  If the Florida street address of the Chad Hicks  No. 100 Street 100 Str	ered Office, & Registered Agent legistered Agent. You must designate an indiv the registered agent are:	vidual or another  SECNATIVE  TALL ASSAULT
ARTICLE II (The Limited Liab	II - Registered Agent, Registerity Company cannot serve as its own Registration.)  If the Florida street address of the Chad Hicks  No. 100 Street 100 Str	ered Office, & Registered Agent legistered Agent. You must designate an individue registered agent are:  ame  P.O. Box NOT acceptable)	vidual or another  SECNLTALL A-975SE
ARTICLE II (The Limited Liab	II - Registered Agent, Registerity Company cannot serve as its own Registration.)  If the Florida street address of the Chad Hicks  Signature of the Plorida Street address (Inc.)	ered Office, & Registered Agent legistered Agent. You must designate an individue the registered agent are:  ame  P.O. Box NOT acceptable)	vidual or another  SECNATIVA  TALL ABOVE

(CONTINUED)

—Docusigned by: CHAD HCES

Registered Agent's Signature (REQUIRED)

AI	OT.	$\Gamma \cap \Gamma$	T.	IV.
/ 1			. T.	1 V ·

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Chad Histo
AMBR	Chad Hicks 9292 NW 101 Street
	Medley, Florida 33178
	Wedley, Florida 35176
	-
	· · · · · · · · · · · · · · · · · · ·
Use attachment if necessary)	
ose attachment if necessary)	
E V: Other provisions, if any.	
REQUIRED SIGNATURE:	:
CHAD HICH	FZ
-43881CB6045B4	-
Signature of a member or o	n authorized representative of a member
This document is executed in accordance v	with section 605.0203 (1) (b), Florida Statutes, I am aware
any false information submitted in a docum as provided for in s.817.155, F.S.	nent to the Department of State constitutes a third degree fe
CHAD HICKS	
	ed or printed name of signee

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)