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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

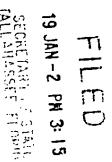
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W18-101231



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 13, 2018

LUIS F ROSALES 5931 NW 173 DR STE 9 MIAMI, FL 33015

SUBJECT: SUMMIT PLASTIC LLC Ref. Number: W18000101231

Fl nowed was Arche &

We have received your document for SUMMIT PLASTIC LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is **Bei**ng 6 returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked. entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is M13000005862.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon Regulatory Specialist III

Letter Number: 318A00025656

www.sunbiz.org

COVER LETTER

TO: New Filing Division of	Section Corporations				
SUBJECT: SUMM	MIT PLASTICS LLC				
3003201		sulting Florida Limi	ted Cor	npany)	
		-		nd fees are submitted to convert ecordance with s. 605.1045, F.S.	
Please return all co	orrespondence concernin	g this matter to:			
LUIS F ROSALES					
	(Contact Person)		-		
EXECUTIVE TAX S	ERVICE			T SK	5 -
	(Firm/Company)		_	ي در در م	之一
5931 NW 173 DRIVI	ESTE 9				7
	(Address)		_	, V	7 PR []
MIAMI FL 33015					19 JM-2 PH 3: 15
· · · · ·	(City, State and Zip Code)		_		355 TS
etaxservice9@gmail.c	com				
E-mail Address: ()	o be used for future annual re	port notifications)	-		
For further inform	ation concerning this ma	itter, please call:			
LUIS F ROSALES		at (243-6	6742	
(Name of Co	ntact Person)	(Area Code) (Day	ytime Telephone Number)	
	k for the following amou on a bank located in the		proces	sed by this office must be payab	ole in US
☐ \$150.00 Filing Fee (\$25 for Conversion & \$125 for Articles of Organization)	and Certificate of Status	☐\$180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRI New Filing Sectio Division of Corpo Clifton Building 2661 Executive Co	n rations	New F Divisio P. O. I	iling S on of C Box 63	ADDRESS: Section Corporations 27 FL 32314	

Tallahassee, FL 32301

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: SUMMIT PLASTICS 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
(Effect State, of 11 a field 0.0. effect, the name of the country)
06/05/2013 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:
SUMMIT PLASTICS I 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 14 day of November	_20 <u></u>
Signature of Authorized Representative of Limi	tell Liability Company:
Signature of Authorized Representative: Printed Name: MARTIN 1 CALCAGNO	Title: AMBR
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature:	Title: P AMBR
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer.
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	v Limited Partnership:
All others: Signature of an authorized person.	÷
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Com	pany is:
SUMMIT PLASTICS I LLC	
	ted Liability Company. "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9401 NW 106TH STREET SUITE 110 MEDLEY, FL 33178	9401 NW 106TH STREET SUITE 110 MEDLEY, FL 33178
	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The name and the Florida street address	s of the registered agent are:
LUIS F ROSALES	
	Name
5931 NW 173 DR SUI	TE 9
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
MIAMI	FL 33015
City	Zip
liability company at the place design registered agent and agree to act in the statutes relating to the proper and confidence accept the obligations of my positions. Registered Age	ent and to accept service of process for the above stated limited gnated in this certificate, I hereby accept the appointment as his capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and son as registered agent as provided for in Chapter 605. F.S ALLA SECULTATION OF THE PROPERTY OF THE ABOVE THE ARCHITICAL SECULTATION OF THE ABOVE

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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	
AMBR	MARTIN I CALCAGNO
	9401 NW 106TH STREET SUITE 110
	MEDLEY, FL 33178
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REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a/meinber or	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a/member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware that
REQUIRED SIGNATURE: Signature of a/member or This document is executed in accordance	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware that

Typed or printed name of signee

Filing Fees

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

\$ 5.00 Certificate of Status (Optional)