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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE. FLORID:

C. LEWIS

SEP 2009

EXAMINER

# **COVER LETTER**

TO:	Registration S Division of C			
SUBJ	ECT: P&S	Partnership, LLC	Florida Limited Company)	
conve		eate of Conversion, Ar		and fees are submitted to
Please	e return all corre	espondence concernin	g this matter to:	
Pedro	M. Fernandes	(Contact Person)		
P&:	S Partnershi	· ,		•
11832	Daneswood Ct.	(Address)		
Orland	do, FL 32821 (C	City, State and Zip Code)		
For fu	rther information	on concerning this ma	tter, please call:	
Pedro	M Fernandes (Name of Conta	ct Person)	_at (_321) 234-2	2796 ytime Telephone Number)
Enclo	•	or the following amou		yame receptions (names),
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	■\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Regist Divisi Clifto 2661	ET ADDRESS tration Section on of Corporati n Building Executive Center nassee, FL 3230	ons er Circle	MAILING A Registration S Division of C P. O. Box 632 Tallahassee, I	Section corporations 27



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 15, 2009

PEDRO M. FERNANDES / P & S PARTNERSHIP, LLC 11832 DANESWOOD CT. ORLANDO, FL 32821

SUBJECT: P & S PARTNERSHIP, LLC

Ref. Number: W09000041290

We have received your document for P & S PARTNERSHIP, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "PARTNERSHIP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 809A00030392

PAS Diversified

LLC

FILED

## **Certificate of Conversion**

For

## "Other Business Entity"

Into

# Florida Limited Liability Company

2009 SEP /4 PM 4: 17

SECRETARY OF STATE TALLAHASSEE, FLORIDA ...

This Certificate 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.608.439, Florida Statutes.

	(Enter Name of Other Business Entity)
2. The "Oth	er Business Entity" is a Corporation P0700051489  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
first organize	ed, formed or incorporated under the laws of Florida
J	(Enter state, or if a non-U.S. entity, the name of the country)
3. If the juri	te "Other Business Entity" was first organized, formed or incorporated sdiction of the "Other Business Entity" was changed, the state or country was of which it is now organized, formed or incorporated:
	of the Florida Limited Liability Company as set forth in the attached Organization:
P & S DI	VERSIFIED, LLC
	(Enter Name of Florida Limited Liability Company)
(The effective document is	cetive on the date of filing, enter the effective date:  ye date: 1) cannot be prior to nor more than 90 days after the date this filed by the Florida Department of State; AND 2) must be the same as the listed in the attached Articles of Organization, if an effective date is

•	
Signed this 09 day of September	20 09 .
Signature of Member or Authorized Representa	
Signature of Member or Authorized Representative Printed Name: Pedro M. Fernandes	e: Lectury. Title: Managing Member
Signature(s) on behalf of Other Business Entity:	
Signature: Ledre P	
Printed Name: Pedro M. Fernandes	Title: President
Clamatura	
Signature:Printed Name:	Title:
Signature:Printed Name:	Tiste
Printed Name:	
Signature:	
Signature: Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
Signature:Printed Name:	T:41
Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	SECRETARY OF STATE 17
<u>Fees:</u>	Fig. 5.
Certificate 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 Liabi	lity Company is:	
P & S DIVERSIFIED,	LLC	Đ
(Must end with the words "Limited Liabi "LLC.")	lity Company," the abbreviation "L.L.C.," or the desi	
ARTICLE II - Address: The mailing address and street Liability Company is:	address of the principal office of the Lin	nited
Principal Office Address:	Mailing Address:	
11832 Daneswood Ct.	11832 Daneswood Ct.	
Orlando, FL 32821	<u> </u>	<del>5</del>
Signature:	gent, Registered Office, & Registered erve as its own Registered Agent. You must designate gistration.)	,
The name and the Florida street	t address of the registered agent are:	器里下
Pedro M. F	ernandes	- 55.33 M
11832 Dar	Name neswood Ct.	FOR R
Florida stre	et address (P.O. Box <u>NOT</u> acceptable)	IAIE ORIG
Orlando	FL 32821	Ţ. <del>/</del>
	City, State, and Zip	
Having been named as registe	ered agent and to accept service of proce	ss for the

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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

FILED

#### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is a 2009 SFP 14 PM 4: 18 ...

		TOOD OFFI IN THE P.
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLOR
MGRM	Pedro M. Fernandes	.51
	Orlando, FL 32821	
	_	
·		
<del></del>		
	(Use attachment if nec	essary)
CLE V: Effective date, if other than the		,
Continue de toe 1) commet les muites to	(OPTION	,
ffective date: 1) cannot be prior to retent is filed by the Florida Departme fective date listed in the attached C	nt of State; AND 2) must	be the same as
listed therein.)		
REQUIRED SIGNATURE:		
Led un >		

Pedro M. Fernandes

Typed or printed name of signee

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

#### 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)

Page 2 of 2