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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

G. MCLEOD

JUL 28 2010

EXAMINER

FILED
10 JUL 27 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A1A REGISTERED AGENT INC.
5647 110th Avenue North
Royal Palm Beach, FL 33411
Tel 1-866-703-8828 Fax 1-561-202-8082
Email regagentservices@yahoo.com

DATE: 07/23/2010
TO: FLORIDA DEPT OF CORPORATIONS
FROM: TINA MAKI – A1A REGISTERED AGENT INC.
REF: UTILICOM MGT., INC. DOC. P09000093037 &
SOUTH FLORIDA P.I. SOLUTIONS, INC. DOC. P06000082616

To Whom It May Concern,

Enclosed are the signed documents and one cashiers check for a total of \$300 to pay the filing fees for the conversions of UTILICOM MGT., INC. to UTILICOM MGT., LLC and SOUTH FLORIDA P.I. SOLUTIONS, INC. to SOUTH FLORIDA P.I. SOLUTIONS, LLC.

Should you have any questions, please contact me at 866-703-8828.

Regards,

Tina Maki-President
A1A Registered Agent Inc. 5647 110th Avenue North, Royal Palm Beach, FL 33411

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTH FLORIDA P.I. SOLUTIONS, LLC
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

TINA MAKI
(Contact Person)

A1A REGISTERED AGENT INC.
(Firm/Company)

5647 110TH AVENUE NORTH
(Address)

ROYAL PALM BEACH, FL 33411
(City, State and Zip Code)

For further information concerning this matter, please call:

TINA MAKI at (866) 703-8828
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ **\$150.00 Filing Fees**
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ **\$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

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

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.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

SOUTH FLORIDA P.I. SOLUTIONS, INC.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a CORPORATION

(Enter entity type. Example: corporation, limited partnership, sole proprietorship, 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 06/16/2006

(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

SOUTH FLORIDA P.I. SOLUTIONS, LLC

(Enter Name of Florida Limited Liability Company)


5. If not effective on the date of filing, enter the effective date: _____

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)


FILED
10 JUL 27 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 16 day of JULY 2010.

Signature of Member or Authorized Representative of Limited Liability Company:

Signature of Member or Authorized Representative: 
Printed Name: JOSEPH V. RAIA Title: MGRM

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: 
Printed Name: JOSEPH V. RAIA Title: PRESIDENT

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

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.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

SOUTH FLORIDA P.I. SOLUTIONS, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

1914 BUCHANAN STREET
HOLLYWOOD FL 33020

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

A1A REGISTERED AGENT INC.
5647 110TH AVENUE NORTH
ROYAL PALM BEACH FL 33411 US

Having been named as registered agent 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.

x 

A1A REGISTERED AGENT INC. / Registered Agent's signature

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

JOSEPH V. RAIA
1914 BUCHANAN STREET
HOLLYWOOD FL 33020

.....

X 

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.

JOSEPH V. RAIA