

L1000046848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

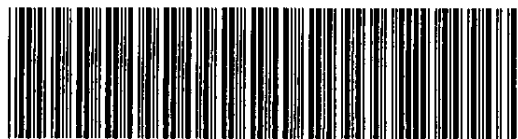
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APR 20 2011

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04/18/11--01029--029 \*\*125.00

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**FILED**  
11 APR 18 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COSTELLO, ROYSTON & WICKER, LLP**

ATTORNEYS AT LAW

A LIMITED LIABILITY PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

Voice (239) 939-2222 • Facsimile (239) 939-2280

**Truman J. Costello, P.A.**, Partner  
Board Certified Wills, Trusts and Estates Lawyer

**John M. Wicker, P.A.**, Partner  
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Brittany Professional Centre  
12670 New Brittany Blvd., Suite 101  
Fort Myers, FL 33907

**Mailing Address**  
Post Office Drawer 60205  
Fort Myers, FL 33906-6205

April 14, 2011

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

**Sent By:**  
Regular U.S Mail

**Re:** International Merchandise Services, Inc. to International Merchandise Services, LLC

Dear Sir or Madam:

Enclosed please find a Certificate of Conversion with attached Articles of Incorporation for filing as to the above-referenced entities. I have enclosed my check No. 2775 in the amount of \$25.00 for the Certificate of Conversion and check No. 2774 in the amount of \$125.00 for the Articles of Organization filing fee.

Please contact me if you have any questions regarding this matter.

Very truly yours,



John M. Wicker  
For the Firm

*Direct Dial:* (239) 690-4265  
*E-mail:* [jwicker@lawcrw.com](mailto:jwicker@lawcrw.com)

Enclosures: As indicated

**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:

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

on AUGUST 17, 2009  
(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:

NOT APPLICABLE

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

INTERNATIONAL MERCHANDISE SERVICES, LLC  
(Enter Name of Florida Limited Liability Company)

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

6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

**FILED**  
11 APR 18 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 11<sup>th</sup> day of APRIL 2011.

**Signature of Member or Authorized Representative of Limited Liability Company:**

Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Member or Authorized Representative: \_\_\_\_\_  
Printed Name: JOHN M. WICKER, ESQ. Title: ATTORNEY

**Signature(s) on behalf of Other Business Entity:** Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature: \_\_\_\_\_  
Printed Name: JOHN BROOKING Title: PRESIDENT/DIRECTOR

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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INTERNATIONAL MERCHANDISE SERVICES, LLC

(Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

4551 GULF SHORE BLVD NORTH #1801

NAPLES, FL 34103

Mailing Address:

C/O JOHN M. WICKER, PA

PO DRAWER 60205

FORT MYERS, FL 33906

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JOHN M. WICKER, ESQ.

Name

12670 NEW BRITTANY BLVD, STE 101

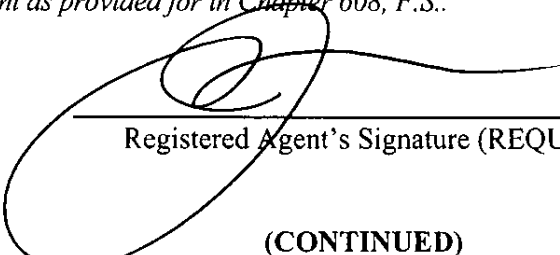
Florida street address (P.O. Box **NOT** acceptable)

FORT MYERS

FL 33907

City, State, and Zip

*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

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TALLAHASSEE, FLORIDA

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

JOHN BROOKING  
4551 GULF SHORE BLVD NORTH #1801  
NAPLES, FL 34103

MGRM

MEHMET MURAT FINDIK  
14621 BELLINO TERRACE #202  
BONITA SPRINGS, FL 34135

MGRM

ALI ALDIKACTI  
1500 BONITA LN  
NAPLES, FL 34102

\_\_\_\_\_

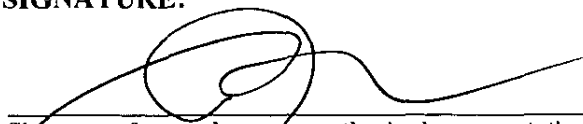
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\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_.  
(OPTIONAL)

(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 Certificate of Conversion, if an effective date listed therein.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**JOHN M. WICKER, ESQ.**  
\_\_\_\_\_  
Typed or printed name of signee