L140000971112

(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:

Office Use Only



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06/16/14--01002--009 **150.00

B. BOSTICK
JUN 1 ? 2014

EXAMINED

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Peeradigw	of Resulting Florida Limite	d Company)			
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li	les of Organization, an	d fees are submitted to			
Please return all correspondence concerning	g this matter to:				
Chry Schwimmer (Contact Person) Peeraliam (Firm/Company) 801 W Tropica (Address) Plantation F (City, State and Zip Code) Schwims Here gu E-mail Address: (to be used for future annual re	L 33317 nail. com				
For further information concerning this man		70 01/0/			
(Name of Contact Person)	at (MST) Y (Area Code) (Day	rtime Telephone Number)			
Enclosed is a check for the following amou	ınt:	•			
\$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	i	D-00	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING A Registration S Division of C P. O. Box 632 Tallahassee, I	Section Corporations 27			

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:
(Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation, limited partnership,
general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of \(\tag{\tag{Entry states are if a near 115 antity the name of the country}}\)
on April 3, 2014 (Enter state, or if a non-U.S. entity, the name of the country)
on April 3, 2014 (Enter state, or if a non-U.S. entity, the name of the country) (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Peeral gm LLC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to date of receipt or filed date 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.)
5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.
Page 1 of 2

Tuna	111
Signed this day of	_20
Signature of Authorized Representative of Limi	ited Liability Company:
	· Car was
Signature of Authorized Representative:	2)
Signature of Authorized Representative:	Mitle: Fresident
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]
Signature: Ca So	
Signature: CS SPrinted Name: Chy 5 ch win	_ Title: Pres. Lent
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Tido
Printed Name:	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	•
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Fees:	·· (
	
Articles 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 - Nam The name of the Lir	ne: mited Liability Company is:		
	Peeradigm intended Liability	LLC	
ARTICLE II - Add			
Principal Office A	ddress:	Mailing Address:	
801 W Tro	pical Way	Same	
(The Limited Liability Con	gistered Agent, Registered (mpany cannot serve as its own Registerctive Florida registration.)		
The name and the F	lorida street address of the re	gistered agent are:	
;	Cary Schwin	nnes	
	Name	,	
:	Florida street address (P.O.	pical Way	_
,	Florida street address (P.O.	Box NOT acceptable)	
: .	Plantation City	FL 333(- I
	City	Ζip	
liability compa registered agent a statutes relating	ned as registered agent and to any at the place designated in t and agree to act in this capacit to the proper and complete pe igations of my position as regi	his certificate, I hereby ac y. I further agree to comp erformance of my duties, a	ecept the appointment as oly with the provisions of all and I am familiar with and
:	Sale		
	Registered Agent's Signa	ture (REQUIRED)	# 1
	(CONTINU	(ED)	
t.	Page 1 of 2	2	0 11

"AMBR" = Authorized Member "MGR" = Manager Am BC Cary Suhwimmen Flantation FL 33317 AmBC (Use attachment if necessary) LE V: Effective date, if other than the date of filing: Glantation FC 33317 (OPTIONA ffective date is listed, the date must be specific and cannot be more than five business of days after the date of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document stitutes an affirmation under the penalties of perjury that the facts stated herein are true. n aware that any false information submitted in a document to the Department of State stitutes at third degree felony as provided for in s.817.155, F.S.)	"AMBR" = Authorized Member "MGR" = Manager Am B/2 Cary Schwimmer Sol West Tropical Way Plantation FL 33317 Ambreauther FL 33317 Pam Schwimmer 301 W Tropical Way Blantation FL 33317 Pam Schwimmer 401 W Tropical Way Blantation FL 33317 Pam Schwimmer 401 W Tropical Way Blantation FL 33317 Pam Schwimmer 401 W Tropical Way Blantation FL 33317 Pam Schwimmer 401 W Tropical Way Blantation FL 33317 Pam Schwimmer 401 W Tropical Way Blantation FL 33317 Pam Schwimmer 401 W Tropical Way Blantation FL 33317 Pam Schwimmer 401 W Tropical Way Blantation FL 33317 Pam Schwimmer 401 W Tropical Way Blantation FL 33317 Pam Schwimmer 401 W Tropical Way Blantation FL 33317 Pam Schwimmer 501 West Tropical Way Blantation FL 33317 Pam Schwimmer 501 Way Blantation FL 33317 Pam Schwimmer 502 W Tropical Way Blantation FL 33317 Pam Schwimmer 503 W Tropical Way Blantation FL 33317 Pam Schwimmer 504 Way Blantation FL 33317 Pam Schwimmer 505 Way Blantation Way Blantation FL 33317 Pam Schwimmer 506 W Tropical Way Blantation Way Blantation FL 33317 Pam Schwimmer 501 Way Blantation FL 33317 Pam Schwimmer 501 Way Blantation FL 33317 Pam Schwimmer 502 W Tropical Way Blantation Way Blantation FL 33317 Pam Schwimmer 501 Way Blantation FL 33317 Pam Schwimmer 502 W Tropical Way Blantation FL 33317 Pam Schwimmer 503 Way Blantation FL 33317 Pam Schwimmer 504 W Tropical Way Blantation Way Blantation FL 33317 Pam Schwimmer 504 W Tropical Way Blantation FL 33317 Pam Schwimmer 504 W Tropical Way Blantation FL 33317 Pam Schwimmer 504 W Tropical Way Blantation Way Blantation FL 33317 Pam Schwimmer 504 W Tropical Way Blantation Way Blantation FL 33317 Pam Schwimmer 504 W Tropical Way Blantation FL 33317 Pam Schwimmer 504 W Tropical Way Blantation FL 33317 Pam Schwimmer 504 W Tropical Way Blantation FL 33317 Pam Schwimmer 505 W Way Blantation FL 33317 Pam Schw	"AMBR" = Authorized Member "MGR" = Manager Am BR Cory Schwimmed Flantation FL 33317 Pam Schwimmed ROL West Tropical Way Plantation FL 33317 Pam Schwimmed ROL W Tropical Way Flantation FC 23317 Pam Schwimmed ROL W Tropical Way Flantation FC 23317 Pam Schwimmed ROL W Tropical Way Flantation FC 23317 Pam Schwimmed ROL W Tropical Way Flantation FC 23317 Pam Schwimmed ROL W Tropical Way Flantation FC 33317 Pam Schwimmed ROL W Tropical Way Flantation FC 33317 Pam Schwimmed ROL W Tropical Way Flantation FC 33317 Pam Schwimmed Roll W Tropical Way Flantation FC 33317 Pam Schwimmed Roll W Tropical Way Flantation FC 33317 Pam Schwimmed Roll W Tropical Way Flantation FC 33317 Pam Schwimmed Roll W Tropical Way Flantation FC 33317 Pam Schwimmed Roll Way Flanta	"AMBR" = Authorized Member "MGR" = Manager Am B/2 Cory Sulvinner Flantation Fire 33317 Pam Schwimmer 301 West Tropical Way Plantation Fire 33317 Pam Schwimmer 301 W Tropical Way Plantation Fire 33317 Le V: Effective date, if other than the date of filing: (OPTIONAL) ffective date is listed, the date must be specific and cannot be more than five business day days after the date of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. Taccordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document is stitutes an affirmation under the penalties of perjury that the facts stated herein are true. m aware that any false information submitted in a document to the Department of State is stitutes a third degree felony as provided for in s.817.155, F.S.) Can Schwimmer Typed or printed name of signee	Title:	Name and Address:
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ARTICLE IV-