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Office Use Only



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June 30, 2014

Secretary of State, Florida 2661 Executive Circle Center Tallahassee FL 32301

Re:

Order #: 9193985 SO

Customer Reference 1: 279812

Customer Reference 2:

Dear Secretary of State, Florida:

Please obtain the following:

IFCO PS Management Holding, Inc. (FL) Conversion

Florida

IFCO PS Management Holding, LLC (FL)

Formation Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

#### **COVER LETTER**

TO: Registration Section Division of Corporations SUBJECT: IFCO PS Management Holding, 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. 605.1045, F.S. Please return all correspondence concerning this matter to: Kerrie K. Hanley (Contact Person) Kilpatrick Townsend & Stockton LLP (Firm/Company) 4208 Six Forks Road, Suite 1400 (Address) Raleigh, North Carolina 27609 (City, State and Zip Code) khanley@kilpatricktownsend.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Kerrie K. Hanley (Name of Contact Person) Enclosed is a check for the following amount: □ \$150.00 Filing Fees \$155.00 Filing Fees \$180.00 Filing Fees \$185.00 Filling Fees, (\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and & \$125 for Articles Status Certificate of Status of Organization)

#### STREET ADDRESS:

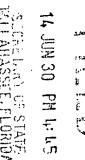
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### **MAILING ADDRESS:**

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

INHS11 (01/14)

# 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.605.1045, Florida Statutes.

I.	The name of the	"Other Business	Entity" is	mmediately	prior to the	e filing of this	Certificate of	Conversion is
IFC	O PS Management Ho	iding, 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 December 22, 2005

(date of organization, formation or incorporation)

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

### IFCO PS Management Holding, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: United States Eastern Standard Time

(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

Signed	this 30th	day of _June	2014
Signatu	re of Autho	rized Representative of	Limited Liability Company:
Cianatus	re of Author	ized Representative:	m//-
Printed 1	Vame: Melissa	L. Schmidt	Title: Manager
Signatu	re(s) on beh	alf of Other Business Enti	ty: [See below for required signature(s).]
Signatur	e:	n:///	
Printed N	Vame: Melissa i	. Schmidt	Title: Vice President
			· · · · · · · · · · · · · · · · · · ·
Signatur	e:		
Printed N	Vame:		Title:
Cianatum	<b>5.</b>		
Printed N	Jame:		Title:
Signature	3:		
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Fillited IV	anie	······································	1 file.
Signature	<b>:</b>		
Printed N	lame:		Title:
	a Corporation		or Officer
		n, Vice Chairman, Director, s have not been selected, ar	
		s mayo mor boom bolooted, an	. moorbormor mant prem
If Florida	General Pa	rtnership or Limited Lia	<u>bility Partnership;</u>
Signature	of one Gene	ral Partner.	
rem !!	7 1 1 1 1 TO		Dillion T. L May J. The state of such fine
		rtnersnin or Limited Lia: neral Partners.	bility Limited Partnership:
olgilature:	ou <u>And</u> Oc	nerar i armers.	
All others	g:		
Signature	of an authori	zed person.	
ees:			
A .	tialas af Cla	.v.avaians	\$25.00
	rticles of Cor see for Florid	nversion: la Articles of Organization	•
	ertified Copy		\$30.00 (Optional)
	ertificate of S		\$5.00 (Optional)
			• • •

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limi	ted Liability Company is:				•
IFCO PS Managem		Limited Liability Company, "L.I	L.C.," or "LLC.")		
ARTICLE II - Addre The mailing address a		ncipal office of the Limited Liabi	ility Company is:	٠	•
Principal Office Add	ress:	Mailing Address:			
8517 South Park Ci Orlando, Florida 32		same			
(The Limited Liability another business entity	fered Agent, Registered ( Company cannot serve as  with an active Florida register address of the register CT Corporation System	gistered agent are:	ignature: nust designate an individual or	30 PAGE	
	CT Corporation System	Name		CF S	lvesandi i g ji
	1200 S. Pine Island Ro	•	ORID	STATE 5-1-5	A. are
	Florida street address (P.	O. Box NOT acceptable)	A	(J)	
	Plantation	FL 33324			
	City	Zip			
the place designate	d in this certificate, I hereby	cept service of process for the above accept the appointment as regist	tered agent and agree to act in	this	

Having been named as registered agent and to accept service of process for the above stated limited tiability 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 605, F.S..

By: Ternell Kearney Asst. Secretary

Registered Agent's Signature (REGUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
Manager	Melissa L. Schmidt 1111 Hammond Drive, Suite 200 Atlanta, Georgia 30346	
(Use attachment if necessary)  LE V: Effective date, if other than the date of	June 30, 2014 at 10:00 a.m. United filling: States Eastern Standard Time (OPTIONAL)	Sa
LE V: Effective date, if other than the date of ffective date is listed, the date must be specific of filing.)	June 30, 2014 at 10:00 a.m. United filling: States Eastern Standard Time (OPTIONAL) _ lic and cannot be more than five business days prior to or 90 days a	1.
LE V: Effective date, if other than the date of fective date is listed, the date must be specif of filing.)  LE VI: Other provisions, if any.	filing: States Eastern Standard Time (OPTIONAL) .  (Ic and cannot be more than five business days prior to or 90 days a	14 JUN 30
LE V: Effective date, if other than the date of fective date is listed, the date must be specif of filing.)  LE VI: Other provisions, if any.	filing: States Eastern Standard Time (OPTIONAL)    file and cannot be more than five business days prior to or 90 days a	4 JUN 30 PM L:
LE V: Effective date, if other than the date of fective date is listed, the date must be specific of filling.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE;  Signature of a member (In accordance with section 605, constitutes an affirmation under I am aware that any false inform	filing: States Eastern Standard Time (OPTIONAL) .  lic and cannot be more than five business days prior to or 90 days a	4 JUN 30 PM
LE V: Effective date, if other than the date of ffective date is listed, the date must be specific of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member (in accordance with section 605. constitutes an affirmation under I am aware that any false information constitutes a third degree felon)  Melissa I. Schmidt	filing: States Eastern Standard Time (OPTIONAL)  Ille and cannot be more than five business days prior to or 90 days a  Program an authorized representative of a member.  O203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State of as provided for in s.817.155, F.S.)	4 JUN 30 FM L: L

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