L14000861065

| (Requestor's Name) |
|---|
| (Address) |
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| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Dusiness Emily Hame) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| |
| Office Use Only |



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 30, 2014

JACOB GERZENSHTEIN 23110 STATE RD 54 NO 293 LUTZ, FL 33549

SUBJECT: PLASTICG LLC Ref. Number: W14000055234

We have received your document for PLASTICG LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 614A00019304

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 Article PlasticG LLC | es of Conversion is: |
|--|--|
| (Enter Name of Other Business Entity) | |
| 2. The "Other Business Entity" is a Lilimted Liability Company | |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) | |
| First organized, formed or incorporated under the laws of Wisconsin | · |
| 02/29/2008 (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 Artic | cles of Organization: |
| PlasticG LLC | |
| (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 date this document is filed by the Florida Department of State; AND 2) must be the date listed in the attached Articles of Organization, if an effective date is listed there | same as the effective |
| 5. The plan of conversion has been approved in accordance with all applicable statutes. | 14.0 SEGA |
| Page 1 of 2 | FILED 14 OCT 15 PH 5: 2 SECRETARY OF STA |

| Signed this 24th day of August | 20_14 | |
|--|--|-----------------|
| Signature of Authorized Representative of Lin | nited Liability Company: | |
| Signature of Authorized Representative: Printed Name: Jacob Gerzenshtein | Title: President | |
| Signature(s) on behalf of Other Bysiness Entity: | | |
| Signature: Printed Name: Ja cob Gertenswein | ************************************** | |
| Printed Name: Ja cob Gertenswich | 1 Title: prescaeul | |
| Signature: Printed Name: | Title | , |
| | | |
| Signature:Printed Name: | Title: | |
| Signature: | | |
| Printed Name: | Title: | |
| Signature:Printed Name: | Title: | |
| Signature: | | |
| Signature:Printed Name: | Title: | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, of If Directors or Officers have not been selected, an I | | |
| If Florida General Partnership or Limited Liabi Signature of one General Partner. | ility Partnership: | |
| If Florida Limited Partnership or Limited Liabi Signatures of <u>ALL</u> General Partners. | ility Limited Partnership: | JALL. |
| All others: Signature of an authorized person. | July | OCT 15 |
| Fees: | 1 | |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) | H 5: 21 FERIDA |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is | :: | |
|---|--|--|
| PlasticG LLC | | |
| (Must end with the words "Limited Liabi | ility Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address of the p | orincipal office of the Limited | Liability Company is: |
| Principal Office Address: | Mailing Address: | |
| 23110 STATE RD 54 NO 293 LUTZ, FL 33549 | 23110 STATE RD 54 N LUTZ, FL 33549 | O 293 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) | d Office, & Registered Agenstered Agent. You must designate an inc | at's Signature: dividual or another |
| The name and the Florida street address of the | registered agent are: | |
| Jacob Gerzenshtein | | |
| Nam | е | |
| 27116 State 12 St | 4 10257 | |
| Florida street address (P.C | D. Box <u>NOT</u> acceptable) | |
| Lutz | FL 33549 | |
| City | Zip | |
| Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capact statutes relating to the proper and completed accept the obligations of my position as registered Agent's Signature. | n this certificate, I hereby accertity. I further agree to comply performance of my duties, and gistered agent as provided for | ept the appointment as with the provisions of all I I am familiar with and |
| (CONTIN | (UED) | : 21 PRIDA |

Page 1 of 2

| *** | ARTICLE IV- The name and address of each person authorized to manage and control the Limited Liability Company: | | | |
|--|--|--|-----------------------------------|----------------------|
| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: | | | |
| | "MGR" = Manager AMBR | Jacob Gerzenshtein 23110 STATE RD 54 NO 29 LUTZ, FL 33549 | 3 | |
| | | | | |
| | · | | | |
| | | | | |
| | (Use attachment if necessary) | | | |
| o or 9 | effective date is listed, the date must be days after the date of filing.) CLE VI: Other provisions, if any. | e specific and cannot be more than | II live business | —— |
| | REQUIRED SIGNATURE: | | | |
| co I a | Signature of a member n accordance with section 605.0203 (1) institutes an affirmation under the penalum aware that any false information submissitutes a third degree felony as provide | ties of perjury that the facts stated h mitted in a document to the Departn | of this docume erein are true. | Editoria Frankliy |
| | <u>Jacob Gerzenshtein</u> Type | ed or printed name of signee | H 5:2 | |
| | Filing Fees: \$125.00 Filing Fee for Articles of of Registered Agent \$ 30.00 Certified Copy (Optional) | · | 40 31 | |
| | \$ 5.00 Certificate of Status (Opt | ional) Page 2 of 2 | | |