L14000/64035

| (Re | equestor's Name |) |
|-------------------------|-------------------|--------------|
| (Ac | ddress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phor | ne #) |
| PICK-UP | , WAIT | MAIL |
| (Bı | usiness Entity Na | me) |
| (Do | ocument Number |) |
| Certified Copies | Certificate | es of Status |
| Special Instructions to | Filing Officer: | |
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| | Office Use O | nly |



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SECRETARY OF STATE
ALL AHASSEF, FEORIOA

OCT 2 1 2014

T. HAMPTON

COVER LETTER

| TO: Registration Section Division of Corporations SUBJECT: PARCHIE'S EARRPRISE LLC |
|---|
| (Name of Resulting Florida Limited Company) |
| (time of resuming risks a surface) |
| The enclosed Articles 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: |
| Bone 7 Scheffin |
| Scheffin Law GROLP P.A. |
| 9850 Stirling Road Suite # 100 |
| COOPER CITY FTORIGA 33024 |
| (City, State and Zip Code) |
| Parchiel OMSN. Com E-mail Address: (to be used for future annual report notifications) |
| For further information concerning this matter, please call: |
| GARLANd PARCHMENT augsy, 553-9600 |
| (Name of Contact Person) (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) S150.00 Filing Fees and Certificate of Status S180.00 Filing Fees and Certified Copy and Certificate of Status S180.00 Filing Fees and Certified Copy and Certificate of Status |
| STREET ADDRESS: MAILING ADDRESS: |
| |
| Registration Section Registration Section |
| Division of Corporations Division of Corporations |
| Clifton Building P. O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, FL 32314 |
| Tallahassee, FL 32301 |

INHS11 (02/14)

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) | P08000100846 |
| 2. The "Other Business Entity" is a | |
| (Enter entity type. Example: corpor general partnership, common law | |
| First organized, formed or incorporated under the laws of | orida |
| on 11112 12008 | 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 forti | h in the attached Articles of Organization: |
| Parchie's Enterprises, LL | <u>C</u> . |
| (Enter Name of Florida Limited Liability Compan | (y) |
| | 10/20/2014. |
| (The effective date: 1) cannot be prior to date of receipt or file date this document is filed by the Florida Department of State | |
| date listed in the attached Articles of Organization, if an effect | |

5. The plan of conversion has been approved in accordance with all applicable statutes.

Page 1 of 2

| Y 1 | | | | |
|---|--|--|--|--|
| Signed this 14 day of October | 20 14 | | | |
| Signature of Authorized Representative of Umi | | | | |
| Signature of Authorized Representative: Printed Name: CAR IAC PARCHY COL | grunt | | | |
| Signature(s) on by Half of Other Business Entity: | See below for required signature(s).] | | | |
| Signature: While Parch Ment | Title: PRESIDENT INPUTOR | | | |
| Signature: Printed Name: | Title: | | | |
| Signature: Printed Name: | Title: | | | |
| Signature:Printed Name: | | | | |
| Signature: Printed Name: | | | | |
| Signature:Printed Name: | | | | |
| 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 Signature of one General Partner. | y Partnership: | | | |
| If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners. | y Limited Partnership: | | | |
| All others: Signature of an authorized person. | | | | |
| Fees: | | | | |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) | | | |

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SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company is: |
|--|
| TARChie'S Enterprises LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: |
| The mailing address and street address of the principal office of the Limited Liability Company is: |
| Principal Office Address: Mailing Address: |
| 4017 PITRIZZA DRIVE 4017 PITRIZZA DRIVE LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 |
| |
| 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: Scheffin Law Group P.A (Borne 7. Scheffin, Esourier) |
| 9850 Steling Road Suite # 100 Florida street address (P.O. Box NOT acceptable) |
| Cooper City FL 33024 City 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 all provided for in Chapter 605, F.S. |
| (CONTINUED) |

Page 1 of 2

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SECRETARY OF STATE
AHASSEE, FLORIDA

| Company: | |
|---|--|
| Title: "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
| AMBR | GAZIANO JAZUMENT GOIT PITRIZZA DRIVE LANG WORTH, FL 33461 |
| JURS | Wendy Parchment 9017 Pitrizza DRIJE TAKE WORTH, FL 33460 |
| ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | |
| | |
| (Use attachment if necessary) | 1 1 |
| ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.) | date of filing: 10 20 2014 (OPTIONAL) be specific and cannot be more than five business days prior |
| ARTICLE VI: Other provisions, if any. | |
| REQUIRED SIGNATURE: | J. |
| (In accordance with section 605.0203 (I constitutes an affirmation under the pena | or an authorized representative of a member.) (b), Florida Statutes, the execution of this document lities of perjury that the facts stated herein are true. mitted in a document to the Department of State lad for in a \$17,155, F.S. |

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-

Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

CARCIAND PARCIMENT
Typed or printed name of signee