L14000167512

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT .	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
WY.Joh	195	

Office Use Only



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OCT 28 2014 D. BRUCE

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2014

JANIXA RAMOS 7537 NW 7TH AVENUE MIAMI, FL 33150

SUBJECT: PERMASTRUCTURES USA, LLC

Ref. Number: W14000064195

We have received your document for PERMASTRUCTURES USA, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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.

Deborah Bruce Regulatory Specialist II

Letter Number: 914A00022627

2014 OCT 24 PM 1:47

COVER LETTER

TO: Registration S Division of C								
SUBJECT. Permas	structures USA, LLC	;						
SUBJECT.			sulting Florida	Limite	d Company)			
					d fees are submitted to occordance with s. 605.10		"Oth	er
Please return all corr	espondence concernin	g thi	s matter to:					
Janixa Ramos								
	(Contact Person)							
Dealer Consulting	Services, Inc.							
	(Firm/Company)							
7537 NW 7th Aver	nue							
	(Address)					_	0.3	
Miami, FL 33150							2014 OCT 24	
	City, State and Zip Code)					李 科	007	atau:
Corporations@dcs	smiami.com					\$ S 23	24	-
E-mail Address: (to b	e used for future annual re	port r	notifications)					
For further informati	on concerning this ma	tter,	please call:			FLORIDA	P₩ 1: 4	Series F
Janixa Ramos		at	(305	758	-9001		۲,	•
(Name of Conta	act Person)		(Area Code)	(Day	rtime Telephone Number)	•		
Enclosed is a check t	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 I Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
STREET ADDRES	S:		MAILI	NG A	ADDRESS:			
Registration Section	:		Registra					
Division of Corporat	ions		Divisio	n of C	'ornorations			

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Permastructures USA Corp
(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
on August 7, 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:
Permastructures USA, 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 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 all applicable statutes.

Page 1 of 2

Signed this 14th day of October	20_14
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Apthorized Representative: The Printed Name: NERP CHAR RATIONAL	Title: MGA
Signature(s) to behalf of Other Business Entity:	
Signature: DIPRE CHAR ROWNERL	CTitle: President.
Signature:	- Mal.
remica Name:	
Signature:	Title:
Signature: Printed Name:	Title:
Signature:	· · · · · ——
Signature:	Tille:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Difficer.
1f Florida General Partnership or Limited Linbilly Signature of one General Partner.	v Purtnership:
If Florida Limited Partnership or Limited Limiting Signatures of ALL General Partners.	y Limited Partnershin:
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)

Page 2 of 2

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
PERMASTRUCTURES USA, 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 prin	ncipal offic	ce of the Limited I	Liability Company is:
Principal Office Address:	Mailing A	Address:	
4300 NW 128 St	4300 NV	V 128 St	
Opa Locka, FL 33054		ka, FL 33054	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	red Agent. Yo	ou must designate an indi	
Pierre Charbonneau		 	
Name			
4300 NW 128 St			
Florida street address (P.O.	Box <u>NOT</u>	acceptable)	
Opa Locka	FL	33054	
City		Zip	
Having been named as registered agent and to liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regional property. Registered Agent's Signal	this certific y. I furthe erformance stered age	cate, I hereby accept r agree to comply v e of my duties, and nt as provided for i	ot the appointment as with the provisions of all I am familiar with and in Chapter 605, F.S
Registered Agent's Signa (CONTINU Page 1 of	J ED)	QUIRED)	ZIM OCI 24 PM

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Pierre Charbonneau
MOI!	4300 NW 128 ST
	Opa Locka, FL 33054
effective date is listed, the date mus	he date of filing: (OPTIONAL) st be specific and cannot be more than five business days
ICLE V: Effective date, if other than to effective date is listed, the date mus 90 days after the date of filing.)	
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