#1500067504

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

Office Use Only



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03/26/15--01016--011 **150.00

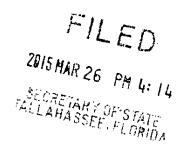
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SECRETES FOR STATE

K.SALY EXAMINER APR 17 2015

COVER LETTER

TO:	Registration S Division of Co				
SUBJ	FCT. POLYH	OUSE AMERICA LL	_C		
SUD9.	EC1		of Resulting Flor	ida Limite	ed Company)
					nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corre	espondence concerning	g this matter to) :	
ANIB	AL QUINTAO				
		(Contact Person)			
EXPR	RESS ACCOU	NTING CORP			
		(Firm/Company)			
3927	N FEDERAL	HWY			•
		(Address)			
POM	PANO BEACH	ł, FL 33064			
•	(C	City, State and Zip Code)			
ander	son@sterdigr	oup.com			
E-m	ail Address: (to be	used for future annual rep	oort notifications)	
For fu	ther information	on concerning this mat	ter, please cal	l:	
ANIB	AL QUINTAO		at (561	₎ 929-	-6899
	(Name of Contac	et Person)		ie) (Day	rtime Telephone Number)
Enclos	sed is a check for	or the following amou	nt:		
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fili and Certified C		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Registr Division Cliftor 2661 E	ET ADDRESS ration Section on of Corporation Building Executive Center assee, FL 3230	ons er Circle	Regis Divis P. O.	stration Strong of C Box 632	Corporations

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" immedi RLC COMPONENTS INC	ately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Bu	usiness Entity)
2. The "Other Business Entity" is a P0300012794	1 CORPORATION
(Enter entity type.)	Example: corporation, limited partnership, hip, common law or business trust, etc.)
First organized, formed or incorporated under the law	ws of FLORIDA
on 11/06/2003 (date of organization, formation or incorporation)	(Enter state, or if a non-U.S. entity, the name of the country)
	any as set forth in the attached Articles of Organization:
POLYHOUSE AMERICA, LLC	
(Enter Name of Florida Limited I.	ciability Company)
•	receipt or filed date nor more than 90 days after the ment of State; <u>AND</u> 2) must be the same as the effective
5. The plan of conversion has been approved in acco	ordance with all applicable statutes.

Page 1 of 2

Signed this 16TH day of MARCH	20 <u>15</u>
Signature of Authorized Representative of	of Limited Liability Company: 28/5 M
Signature of Authorized Representative: Printed Name: MAIRA M. PASSOS	
Signature(s) on behalf of Other Business E	ntity: [See below for required signature(s).]
Signature: Printed Name: MAIRA M. PASSOS	Title: PRESIDENT
Signature:	Title:
Signature:	Title:
Printed Name:	Title:
Signature:	Title:
Printed Name:	Title:
Signature:	Title:
rimed Name.	Title.
Signature:	Title:
Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected	
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:
If Florida Limited Partnership or Limited Signatures of <u>ALL</u> General Partners.	Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organiza Certified Copy: Certificate of Status:	\$25.00 ation: \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
POLYHOUSE AMERICA, LLC		
(Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC,")	
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited	d Liability Company is:
The maning address and street address of the	o principal office of the Elimited	a Eluonity Company is.
Principal Office Address:	Mailing Address:	
8570 NW 93RD STREET	SAME	•
MEDLEY, FL 33166		
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)		individual or another
The name and the Florida street address of the	he registered agent are:	2015 HAR
ANDERSON	V. STERDI	PAR
· Ni	ame	126 128
8570 NW 93RD STRE	FT	AND TO IT
	P.O. Box NOT acceptable)	PR 4: 14 OF STATE
. Tollan bileet address (2011 <u></u> 1000piao10)	Q
MEDLEY	FL 33166	F F
City		
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 as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Company:	
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	ANDERSON V. STERDI
	8570 NW 93RD STREET
	MEDLEY, FL 33166
1105	F. T.
MGR	DAMIANA S. LEITE
	MEDLEY, FL 33166
	MEDELI, I E GOTOG
	70.5
	Te
n effective date is listed, the date mu	the date of filing: (OPTIONAL) ast be specific and cannot be more than five business days pri
FICLE V: Effective date, if other than on effective date is listed, the date mur 90 days after the date of filing.)	
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Page 2 of 2

\$ 5.00 Certificate of Status (Optional)

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

ARTICLE IV-