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(Address)		
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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#### **COVER LETTER**

Division of Corporations	
SUBJECT: M + S CONOO (Name of Resulting)	LLC
(Name of Resulting	g Florida Limited Company)
The enclosed Articles of Conversion, Articles of Or Business Entity" into a "Florida Limited Liability C	ganization, and fees are submitted to convert an "Other ompany" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this ma	tter to:
PHILIP BALEK (Contact Person)	
(Contact Person)	
(Firm/Company)	
YOO OCEAN TRAIL WAY #10  (Address)  JUPITER, EL 33477  (City, State and Zip Code)	206
JUPITER, EL 33477 (City, State and Zip Code)	7
PAB 73161 DSBCGLOBAL.NE	
For further information concerning this matter, plea	se call:
PHILIP BALEK at (Name of Contact Person) (A)	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:	
	00 Filing Fees iffied Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314
2001 Excentive Cellier Circle	rananassee, i L 5251T

Tallahassee, FL 32301

## Articles of Conversion

#### "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)	福省工
2. The "Other Business Entity" is a CAPORATION.  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	部をPRITED
First organized, formed or incorporated under the laws of	32 年
on 4-7-2009 (date of organization, formation or incorporation)  3. The name of the Florida Limited Liability Company as set forth in the attached Articles of the Florida Limited Liability Company)  (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 date this document is filed by the Florida Department of State; AND 2) must be the sam date listed in the attached Articles of Organization, if an effective date is listed therein.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	e as the effective
5. The plan of conversion has been approved in accordance with all applicable statutes.	

Page 1 of 2

•	
Signed this day ofSEPTEMBER	20
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:	Mr. Ball Title: MANAGER / DIRECTOR
Signature(s) on behalf of Other Business Entity:	<b>,</b>
Signature: AM W. Ball	
Signature: Of how Ball Printed Name: PHILIP A- BALEK	_ Title: MANASER JOIRECTOR PARKER
	•
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty 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)

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

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
PHILIP BALEK 400 OCEAN TRAIL WAY #1006 JUPITER, EL 33477	SAME
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 re	gistered agent are:
PHILIP R Name  400 OCEAN TAAIL ( Florida street address (P.O.	WAY #100L
·	Box NOT acceptable)
	FL 33477 =================================

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 "MGR" = Manager	Name and Address:
MGR - Manager  MGR / AmBR	PHILIA A. BALEK 400 OCEAN TRAIL WAY #1006 JUPITER, EL 33477
AMBR	DANIEL BALEK 1934 CURTISS DOWNERS GROVE, 12 60515
_AMBR_	MITCHELL BALEK 12939 FAIRWAY BRIVE LEMONT, IL 60349
_AMBR_	MELLIDA A. LEVATO 304 S. 912 AVE LA GRANGE, IL 60525
(Use attachment if necessary)	
or 90 days after the date of filing.)	t be specific and cannot be more than five business days prion the applicable statutory filing requirements, this date will not be listed as the 's records.
REQUIRED SIGNATURE:	
This document is executed in a I am aware that any false inform	er or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.
PH/.	yped or printed name of signee  Filing Fees
\$125.00 Filing Fee for Articles of \$30.00 Certified Copy (Option	of Organization and Designation of Registered Agent 11   \$ 5.00 Certificate of Status (Optional)

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

ARTICLE IV-

Page 2 of 2