L160003693

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

Office Use Only



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01/29/16--01008--013 **150.00

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January 11, 2016

PAULA MEYNS USA SUPPLY LLC 130 CORRIDOR RD #485 PONTE VEDRA BEACH, FL 32004

SUBJECT: USA SUPPLY LLC Ref. Number: W16000001548

Please complete correct conversion documents and mail check for \$150.,

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) 245-6052.

Tyrone Scott Regulatory Specialist II

Letter Number: 216A00000638

COVER LETTER

TO: Registration Section Division of Corpora		
SUBJECT: US	7 SUPPLY LL C (Name of Resulting Florida Lin	
	(Name of Resulting Florida Lin	nited Company)
		and fees are submitted to convert an "Othen accordance with s. 605.1045, F.S.
Please return all correspond	ence concerning this matter to:	
PAULA MEY	act Person)	
USA SUPPLY		
130 CORRIDOR	? RD, # 485 Address)	
ONTE VEDRA BE (City, Sta	ACH FU. 32004 te and Zip Code)	
	or future annual report notifications)	OM
For further information con-	cerning this matter, please call:	
PAULA MEY	at (90 4) (Area Code) (1	534-6739
(Name of Contact Perso	n) (Area Code) (I	Daytime Telephone Number)
Enclosed is a check for the	following amount:	
· ·	5.00 Filing Fees	S S \$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING	G ADDRESS:
Registration Section	Registration	
Division of Corporations		f Corporations
Clifton Building	P. O. Box	6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

"Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1		. • 1 1
Statutes.	ابني	rioriua
	_	
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conv USA SUPPLY LLC (Enter Name of Other Business Entity)	ersion	n is:
(Enter Name of Other Business Entity)	,	1.
2. The "Other Business Entity" is a LIMITED WABILITY 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	ľ	
First organized, formed or incorporated under the laws of	countr	y)
on <u>FEBRUARY 20, 2014</u> . (date of organization, formation or incorporation)		1 44
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Or	, aonia	ation
5. The name of the Florida Limited Elability Company as set forth in the attached Afticles of Org	ganiz	ation,
USA SUPPLY LLC	:	
USA SUPPLY LLC (Enter Name of Florida Limited Liability Company)	i .	
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 t		•
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 not be document's effective date on the Department of State's records.	listed a	as the
5. The plan of conversion has been approved in accordance with all applicable statutes.		direct contracts

Signed this <u>26</u> day of <u>JANUARY</u>	_20_/6
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: PAULA MEYNS	la Meyry Title: MANAGEN
Signature(s) on behalf of Other Business Entity:	
Signature: Parala Mesma	
Signature: Aula Meynz Printed Name: PAULA MEYNS	Title: MANAGER
,	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
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 Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability 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)

PH 3: 15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company i	s:	
USA SUPPLY (Must end with the words "Limited Life	YLLC	
(Must end with the words "Limited Life	bility Company, "L.L.C.," or "LLC	2.") = = = = = = = = = = = = = = = = = = =
ARTICLE II - Address: The mailing address and street address of the	principal office of the Lin	AND CONTRACTOR
Principal Office Address:	Mailing Address:	ු්ය – ලිබ්. 5
112 RIVER MARSH DR. PONTE VEDRA BEACH, FL 32082	130 CORRID # 485 CONTE-VEDRA B	EACH FL 32004
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registration entity with an active Florida registration.)	ed Office, & Registered Agent. You must designate	Agent's Signature: an individual or another
The name and the Florida street address of the	e registered agent are:	
PAULA MEN	1115	
PAULA ME) Nai	me	-
112 RIVER MA	RSH DR.	-
Florida street address (P.	O. Box NOT acceptable)	
PONTE VEDRA BE. City	ACH FL 32082	
City	Zip	-
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as r	in this certificate, I hereby acity. I further agree to cone performance of my duties registered agent as provide	accept the appointment as mply with the provisions of al s, and I am familiar with and
Registered Agent's Si	gnature (ŘEQUIRED)	

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager PAULA MEYNS J. RIVER MARSH DR. J.				
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an autorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Paua Mey J Typed or printed name of signee Filing Fees		rized Member	Name and Address:	
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(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			TONTE VEURA BEAGA FL. SAU	~
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