L1600102045

(Reque	stor's Name)	
(Addres	ss)	
(Addres	ss)	
(City/St	ate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Na	me)
(Docum	nent Number)
Certified Copies	Certificate	s of Status
Special Instructions to Filin	g Officer:	
		İ

Office Use Only

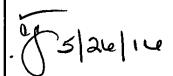
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COVER LETTER

Division of C	forporations				
SUBJECT: Pronav O	ffshore Services LLC				
SUBJECT:	(Name	of Resulting Florida	Limited	l Company)	
				I fees are submitted to c cordance with s. 605.10	
Please return all corre	espondence concernin	g this matter to:			
Oliver Huttner					
	(Contact Person)				
Management Tax Consu	Iting Inc				
	(Firm/Company)				
4430 Orchid Blvd Ste 20)2				
	(Address)				
Cape Coral, FL 33904					
((City, State and Zip Code)				
mtc.florida@gmail.com					
E-mail Address: (to b	e used for future annual re	port notifications)			
For further information	on concerning this ma	tter, please call:			
Oliver Huttner		_at (645-42	208	
(Name of Conta	ct Person)		(Dayt	ime Telephone Number)	
Enclosed is a check f	or the following amou	int:			
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS	S:	MAILI	NG A	DDRESS:	
Registration Section		Registra	ation Section		
Division of Corporat	ions			orporations	
Clifton Building		P. O. B	ox 632	7	= _

Tallahassee, FL 32314

INHS11 (06/15)

2661 Executive Center Circle

Tallahassee, FL 32301

Registration Section

TO:

16 HAY 24 AN III:

FLORIDA DEPARTMENT OF STATE Division of Corporations

FILED 16 粉7 26 熱日: 37 TETRETARY FRATE

May 2, 2016

OLIVER HUTTNER 4430 ORCHID BLVD SUITE 202 CAPE CORAL, FL 33904

SUBJECT: PRONAV OFFSHORE SERVICES LLC

Ref. Number: W16000032251

We have received your document for PRONAV OFFSHORE SERVICES LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return the corrected original and one copy of 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 016A00009074

ب

Articles of Conversion For "Other Business Entity" Into

16 MAY 24 AM 11: 37

FILED

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.

(E	nter Name of Other Business Entity) H 140000012129
2. The "Other Business Entity" is	Limited Liability Company .
•	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorpo	orated under the laws of
on February 18, 2014 (date of organization, formation or in	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or in	icorporation)
3. The name of the Florida Limite	ed Liability Company as set forth in the attached Articles of Organization:
Pronav Offshore Services LLC	
(Enter Nam	e of Florida Limited Liability Company)
4. If not effective on the date of f	iling, enter the effective date:
(The effective date: 1) cannot b	e prior to date of receipt or filed date nor more than 90 days after the
date this document is filed by th date listed in the attached Artic	e Florida Department of State; <u>AND</u> 2) must be the same as the effective les of Organization, if an effective date is listed therein.) oes not meet the applicable statutory filing requirements, this date will not be listed as the

Page 1 of 2

Signed this 20 day of April	20_16
Signature of Authorized Representative of Limi	tod Nichility Company
Signature of Authorized Representative of Linn	teu Djabinty Company:
Signature of Authorized Representative: Printed Name: Dirk Weihmann	Title: MGRM
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Printed Name: Pipp WEIHMANN	
Printed Name: DIZY WELLIM AND	Title: M. G. L. M
Timed Italia.	1100.
Signature:	
Signature: Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	_ Title:
Signature:	Tide
Printed Name:	Thie:
Signature:	
Signature: Printed Name:	Title [.]
Signature:	
Printed Name:	Title:
1f Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
ICEN II C. I.B	
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit	y Limited Doutnership.
Signatures of <u>ALL</u> General Partners.	y Limited Farthership:
organica or <u>repu</u> General Functions.	
All others:	
Signature of an authorized person.	
-	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00 \$125.00
- 1-5 is in it is	0.20.00

Page 2 of 2

\$30.00 (Optional) \$5.00 (Optional)

Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

			FILED	
ARTICLE I - Name: The name of the Limited	Liability Company is:		16	HAY 24 AM 11: 3
Pronav Offshore Services I	LLC	•		STANTATIONS
(Must end	with the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address The mailing address and		cipal office of the Limited Liability Company i	is:	
Principal Office Addres	Principal Office Address: Mailing Address:			
5355 Majestic Court		5355 Majestic Court		
Cape Coral, FL 33904 Cape Coral, FL 33904				
	ny cannot serve as its own Reg	Office, & Registered Agent's Signature: istered Agent. You must designate an individual or another.	— her	
The name and the Florid	a street address of the reg	istered agent are:		
	Management Tax Cons	ulting Inc.		
Name				
	4430 Orchid Blvd Ste 2	202		
	Florida street address	s (P.O. Box <u>NOT</u> acceptable)		
	Cape Coral	FL 33904		
	City	Zip		
	<i>,</i>	•~•14		

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager MGRM	Weihmann, Dirk			
	5355 Majestic Court			
	Cape Coral, FL 33904			
MGRM	Linsner, Eric W	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	16	
	20 Aspen Street			
	Floral Park, NY 11001		PI	
		;	 လ	
	-	·	7	
				
				
(Use attachment if necessary)				
•	e date of filing:	(OPTIONAL	~)	
ICLE V: Effective date, if other than the effective date is listed, the date must	e date of filing: be specific and cannot be more than five	(OPTIONAL business days p	_) prior to or	90
ICLE V: Effective date, if other than the effective date is listed, the date must the date of filing.)	e date of filing: be specific and cannot be more than five	(OPTIONAL business days p) prior to or	90
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ICLE V: Effective date, if other than the effective date is listed, the date must the date of filing.)	e date of filing: be specific and cannot be more than five	(OPTIONAL business days p	_) prior to or 	90
ICLE V: Effective date, if other than the effective date is listed, the date must the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five	business days p	_) prior to or 	90
ICLE V: Effective date, if other than the effective date is listed, the date must the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signatur (In accordance with constitutes an affirily am aware that any	re of a member or an authorized representative of section 605.0205 (3), Florida Statutes, the execution mation under the penalties of perjury that the facts sy false information submitted in a document to the Edegree felony as provided for in s.817.155, F.S.)	f a member. n of this document tated herein are true		90

ARTICLE IV-

Filing Fees: