L16000177590

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

Office Use Only



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09/22/16--01020--009 **150.00



T. BURCH SEP 23 2016

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COVER LETTER

TO: Registration S Division of C					
SUBJECT:Alg	roSolutions, LLC				
505 5 E011	(Name	of Resultin	g Florida L	imited	Company)
					I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this ma	tter to:		
Geronimos Dimitrelos					
	(Contact Person)				
AlgroSolutions, LLC					
	(Firm/Company)		· · ·		
4420 W Broward					
	(Address)				
Plantation, FL 33317					
(City, State and Zip Code)				
geronimos@algae2or	nega.com				
E-mail Address: (to l	e used for future annual re	port notific	cations)		
For further informat	on concerning this ma	tter, pleas	se call:		
Ralph Dominguez		at (954	7908	3674
(Name of Cont	act Person)	_ \	rea Code)	(Dayt	time Telephone Number)
Enclosed is a check	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		.00 Filing F tified Copy		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle		Registra Division P. O. Bo	tion S of Co ox 632	orporations

INHS11 (06/15)

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" immediately prior to the filing of the Articles of	f Conyers	si on is	ii _{dens}
AlgroSolutions, LLC	ja h	(-E)	ŧ
(Enter Name of Other Business Entity)	ر ان اور	N	14-44 4 ₅₀
2. The "Other Business Entity" is a Limited Liability Company		.∵	3.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)		Figure 50	er er
First organized, formed or incorporated under the laws of	55	:Zi	***
on 9/2/2008 (Enter state, or if a non-U.S. entity, the name of the Florida Limited Liability Company as set forth in the attached Articles AlgroSolutions, LLC	J>		on:
(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 saidate 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	me as the	effec	tive
document's effective date on the Department of State's records.		 -	
5. The plan of conversion has been approved in accordance with all applicable statutes			

Page 1 of 2

Signed this 20	day of September	20_16			
	uthorized Representative of Limi				
O'	4 - 15				
Signature of Au	thorized Representative:	Tid. AMPR			
Printed Name: 9	eronimos Dimitrelos	Title: AMBR			
		See below for required signature(s)]			
Signature:					
Printed Name: G	eronimos Dimitrelos	Title: AMBR			
Signature:					
Printed Name:		Title:			
Signature:					
Printed Name:		Title:	and the same		
Signature:				15 S	3 mgs 1 1
Printed Name:		Title:	2	77	E (
Signature:				53	4 4
Printed Name:_		_ Title:	, a	PH	~100 to
Signature:			<u>구</u> 나	-2.	(\$5) 4 met g r
Printed Name:_		Title:	25	5	الهرد بال ^ا
If Florida Corp	oration:		* >	-	
	airman, Vice Chairman, Director, or	Officer.			
If Directors or C	Officers have not been selected, an Inc	corporator must sign.			
	eral Partnership or Limited Liabili e General Partner.	ty Partnership:			
	ted Partnership or Limited Liabilit LL General Partners.	ty Limited Partnership:			
All others: Signature of an	authorized person.				
Fees:					
Fees for Certifie	of Conversion: Florida Articles of Organization: d Copy: ate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Comp	pany is:	
AlgroSolutions, LLC		
(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address o	of the principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
4420 West Broward Blvd.		
Plantation, FL 33317		
(The Limited Liability Company cannot serve as its o business entity with an active Florida registration.)	wn Registered Agent. You must designate an in	dividual or another
(The Limited Liability Company cannot serve as its o business entity with an active Florida registration.)	of the registered agent are:	dividual or another
The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address	of the registered agent are:	dividual or another
(The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address	wn Registered Agent. You must designate an in of the registered agent are:	dividual or another
(The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address Geronimos Dimitrelos 4420 West Broward	wn Registered Agent. You must designate an in of the registered agent are:	dividual or another 16 327 22 PA
The name and the Florida street address Geronimos Dimitrelos 4420 West Broward	of the registered agent are: Name	dividual or another

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>	Name and Address:
"AMBR" = Authorized Member	•
"MGR" ≈ Manager AMBR	Geronimos Dimitrelos
7.0011	4420W Broward Blvd.
	Plantation, FL 33317
	7200
	2 day . N
LE V: Effective date, if other the fective date is listed, the date is	an the date of filing:
ffective date is listed, the date in days after the date of filing.)	an the date of filing: (OPTIONAL nust be specific and cannot be more than five business da meet the applicable statutory filing requirements, this date will not be li
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) the date inserted in this block does not 's effective date on the Department of	an the date of filing: (OPTIONAL nust be specific and cannot be more than five business da meet the applicable statutory filing requirements, this date will not be li
LE V: Effective date, if other the frective date is listed, the date is days after the date of filing.) the date inserted in this block does not 's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE:	an the date of filing:
LE V: Effective date, if other the frective date is listed, the date is days after the date of filing.) the date inserted in this block does not 's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execute I am aware that any false.	an the date of filing: (OPTIONAL nust be specific and cannot be more than five business da meet the applicable statutory filing requirements, this date will not be li
LE V: Effective date, if other the frective date is listed, the date is days after the date of filing.) the date inserted in this block does not 's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execute I am aware that any false.	an the date of filing:

Page 2 of 2

ARTICLE IV-