# 11000216944

| (Requestor's Name)                      |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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16 TOV 30 TO 1: 32

DEPARTMENT OF

C. GOLDEN DEC -1 2016

### **CT CORPORATE**

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

. 4

| Date: _  | 11-30-16                              | <b>&gt;</b>           | 4          |
|--|---------------------------------------|-----------------------|------------|
|  | ACC                                   | T: I2016000007        | 2 Juna GOV |
| Name:  | Container                             | L Manageme            |            |
| Document #:  | J.                                    |                       |            |
| Order #:   | 162                                   | 10718                 |            |
| Certified Copy of Arts<br>& Amend:   |                                       |                       |            |
| Plain Copy:  |                                       |                       | 12 (c)     |
| Certificate of Good<br>Standing:   |                                       |                       |            |
| Apostille/Notarial<br>Certification:   | · · · · · · · · · · · · · · · · · · · | intry of Destination: | - W        |
| Filing:  | Certified: Plain: COGS:               |                       |            |
| Availability<br>Document<br>Examiner<br>Updater<br>Verifier<br>W.P. Verifier | Amount: \$                            | 150·Q)                |            |

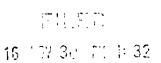
Thank you!

#### **COVER LETTER**

| TO: Registi  | ration Section            |                 |                                      |                     | **   |  |
|--|---------------------------|-----------------|--------------------------------------|---------------------|--|--|
|  | on of Corporations        |                 |                                      |                     |  |  |
| orman C  | ontainer Management       | Group, LLC      |                                      |                     |  |  |
| SUBJECT: _   |                           | (Name of        | Resulting Florida                    | Limited             | Company)   | _  |
|  |                           | ·               |                                      |                     |  |  |
|  |                           |                 |                                      |                     | I fees are submitted to cordance with s. 605.1                         |  |
| Please return a  | all correspondence        | concerning      | this matter to:                      |                     |  |  |
| Ayse "April" Bo  | ray                       |                 |                                      |                     |  |  |
|  | (Contact Pe               | erson)          |                                      | _                   |  |  |
| Container Manag  | gement Group, LLC         |                 |                                      |                     |  |  |
|  | (Firm/Com                 | pany)           |                                      | -                   |  |  |
| 2800 NE 18th St  | reet                      |                 |                                      |                     |  |  |
|  | (Addre                    | ss)             |                                      | -                   |  |  |
| Pompano Beach  | , FL 33062                |                 |                                      |                     |  |  |
|  | (City, State and          | Zip Code)       |                                      | -                   |  |  |
| aboray@hotmail   | .com                      |                 |                                      |                     |  |  |
| E-mail Addre   | ess: (to be used for futi | ire annual repo | rt notifications)                    | _                   |  |  |
| For further inf  | ormation concerni         | ng this matte   | er, please call:                     |                     |  |  |
| Ayse "April" Bo  | гау                       |                 | at ( <sup>973</sup>                  | 1494-58             | 399  |  |
| (Name  | of Contact Person)        |                 |                                      | ) (Dayt             | ime Telephone Number)  | _  |
| Enclosed is a  | check for the follo       | wing amoun      | t:                                   |                     |  |  |
| \$150.00 Filin<br>(\$25 for Convers<br>& \$125 for Artic<br>of Organization) | ion and Certific          |                 | ☐\$180.00 Filing<br>and Certified Co |                     | ☐\$185.00 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |  |
| STREET AD  | DRESS:                    |                 | MAIL                                 | ING A               | DDRESS:  | - <del>-</del> <del>-</del> <del>-</del> |
| Registration S   |                           |                 |                                      | ration S            |  | - ;                                      |
| Division of Co<br>Clifton Buildi   |                           |                 |                                      | on of Co<br>Box 632 | orporations  | 교 기 등 기 등 기 등 기 등 기 등 기 등 기 등 기 등 기 등 기  |
|  | re Center Circle          |                 |                                      |                     | L 32314  | 3.2                                      |
| Tallahassee, F   |                           |                 | -                                    | •                   |  |  |
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|  |                           |                 |                                      |                     |  | たら<br>から                                 |

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.

| CONTAINER MANAGEMENT GROUP,   |   |
|---|---|
| (Ente   | er Name of Other Business Entity) MIL Occord 3LeO   |
| 2. The "Other Business Entity" is a   | Limited Liability Company   |
| ·   | (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)   |
| First organized, formed or incorpora  | ated under the laws of Delaware   |
| on 11/04/2005   | (Enter state, or if a non-U.S. entity, the name of the country)   |
| (date of organization, formation or inco  | orporation)   |
| 3. The name of the Florida Limited CONTAINER MANAGEMENT GROUP,  | Liability Company as set forth in the attached Articles of Organization:  |
| (Enter Name   | of Florida Limited Liability Company)   |
| (The effective date: 1) cannot be a date this document is filed by the date listed in the attached Articles | ng, enter the effective date:  prior to date of receipt or filed date nor more than 90 days after the Florida Department of State; AND 2) must be the same as the effective of Organization, if an effective date is listed therein.)  s not meet the applicable statutory filing requirements, this date will not be listed as the ent of State's records. |
| 5. The plan of conversion has been:   | approved in accordance with all applicable statutes.  |

Page 1 of 2

| Signed this 30th day of November   | 20_16   |
|--|---|
| Signature of Authorized Representat  | ive of Limited Liability Company:                 |
| Signature of Authorized Representative Printed Name: Ayse Boray  | :: Ayoo. Boroy Title: Manager                     |
| Signature(s) on behalf of Other Busine   | ess Entity: [See below for required signature(s)] |
| Signature: <u>Auss Borau</u>   |   |
| Printed Name: Ayse Boray   | Title: Manager                                    |
| Signature:   |   |
| Printed Name:  | Title:  |
| Signature:   |   |
| Printed Name:  | Title:  |
| Signature:   |   |
| Printed Name:  | Title:  |
| Signature:   |   |
| Printed Name:  | Title:  |
| Signature:   |   |
| Printed Name:  | Title:  |
| If Florida Corporation: Signature of Chairman, Vice Chairman, I If Directors or Officers have not been sel |   |
| If Florida General Partnership or Lim<br>Signature of one General Partner.                                 | ited Liability Partnership:                       |
| If Florida Limited Partnership or Lim<br>Signatures of ALL General Partners.                               | ited Liability Limited Partnership:               |
| All others: Signature of an authorized person.   |   |
| Fees:  |   |

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

\$25.00

\$125.00

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

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

| ARTICLE I - Name:  |   |  | FIL                                   | · ,                   |                     |
|--|---|--|---------------------------------------|-----------------------|---------------------|
| The name of the Limited Liability Company is:  |   | 16   | 207 36                                |                       | 1: 32               |
| CONTAINER MANAGEMENT GROUP, LLC  |   | <u>.                                    </u> |                                       |                       |                     |
| (Must end with the words "Limited Liabili  | ty Company, "L.L.C.," or "LLC. )  |  |                                       |                       |                     |
| ARTICLE II - Address: The mailing address and street address of the pr   | incipal office of the Limite  | d Liab                                       | ility Com                             | pany                  | is:                 |
| Principal Office Address:  | Mailing Address:  |  |                                       |                       |                     |
| 2800 NE 18TH ST.   | 2800 NE 18TH ST.  |  |                                       |                       |                     |
| POMPANO BEACH, FL 33062  | POMPANO BEACH, FL 33  | 062  | <del></del>                           |                       |                     |
|  |   |  |                                       |                       |                     |
| The name and the Florida street address of the results of the resu |   |  |                                       |                       |                     |
| 1200 SOUTH PINE ISLAND R   | OAD   |  |                                       |                       |                     |
| Florida street address (P.O  |   |  |                                       |                       |                     |
| PLANTATION   | FL 33324  |  |                                       |                       |                     |
| City   | Zip   |  |                                       |                       |                     |
| Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete paccept the obligations of my position as registered Agent's Sign   | this certificate, I hereby ac<br>ity. I further agree to comp<br>performance of my duties, a<br>gistered agent as provided fo | cept th<br>ly with<br>nd I an                | ne appoint<br>the provi<br>n familiar | ment<br>sions<br>with | as<br>of all<br>and |

(CONTINUED)

Page 1 of 2

| The name and a Company:  | _  |   | 1 11.  | - 1                     |
|--|--|---|--|-------------------------|
| Company.   |  |   |  |                         |
| Title:   |  | Name and Address:   | <b>16</b> PCV 30   | 3. I:                   |
|  | horized Member   |   |  | ,                       |
| "MGR" = Mana   | ager   |   |  |                         |
| _MGR   | _  | Ayse "April" Boray  |  | _                       |
|  |  | 2800 NE 18th Street   |  | _                       |
|  |  | Pompano Beach, FL 330   | 62   | _                       |
| AMBR   |  | Atil Tosun  |  |                         |
| 21141121   |  | 2800 NE 18th Street   |  |                         |
|  |  | Pompano Beach, FL 330   |  |                         |
|  |  | Tompano Deach, 1 E 33   | 004  | _                       |
|  |  |   |  | _                       |
|  |  |   |  | <del>_</del>            |
|  |  |   |  | _                       |
|  |  |   |  |                         |
|  | <del></del>  |   |  | <del></del>             |
|  |  |   |  | _                       |
| effective date is  | e date, if other than  | n the date of filing:<br>ust be specific and cannot be mo   | (OPTI  | –<br>ONAL)<br>ness days |
| CLE V: Effective date is 90 days after the date inserted in  | e date, if other than listed, the date m date of filing.) this block does not me the Department of S   | ust be specific and cannot be morneet the applicable statutory filing requires  | re than five busir   | iess days               |
| effective date is 90 days after the office date in serted in ent's effective date or ICLE VI: Other processing the series of the | e date, if other than listed, the date m date of filing.) I this block does not men the Department of S rovisions, if any.   | ust be specific and cannot be morneet the applicable statutory filing requires  | re than five busir   | iess days               |
| effective date is 90 days after the of the date inserted in ent's effective date or  | e date, if other than listed, the date m date of filing.) I this block does not men the Department of S rovisions, if any.   | ust be specific and cannot be morneet the applicable statutory filing requires  | re than five busir   | iess days               |
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| effective date is 90 days after the offective date in 15 days after the offective date offetive | e date, if other than listed, the date m date of filing.) I this block does not m the Department of S rovisions, if any.  SIGNATURE:  Ayas Borasignature of a mode document is executed aware that any false in itutes a third degree fee.  Ayse Boray | neet the applicable statutory filing requires tate's records.  neer or an authorized representation accordance with section 605.0203 (1) (Information submitted in a document to the clony as provided for in s.817.155, F.S. | ments, this date will reactive of a membe (b), Florida Statutes. Department of State | ness days               |