L16000217176

(Requestor's Name)
(Address)
(Address)
(1001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u></u>

Office Use Only



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10/31/16--01038--010 **150.00

TECHNOLOGY STATE

12/11/11/11

COVER LETTER

Division of C				
SUBJECT: CENTRA	L FLORIDA PTAC, LLC			
	(Name of Res	sulting Florida Limited	ed Company)	
			on, and fees are submitted to convert an "C" in accordance with s. 605.1045, F.S.	Othe
Please return all corre	espondence concernin	g this matter to:		
CARMEN ROMERO				
	(Contact Person)			
A&A MUL-T-SERVICE	ES INC			
	(Firm/Company)			
79 LAS BRISAS WAY				
	(Address)	**		
KISSIMMEE, FL 34743				
((City, State and Zip Code)	****		
aamultservices@gmail.c	om			
E-mail Address: (to b	e used for future annual re	port notifications)		
For further information	on concerning this ma	tter, please call:		
CARMEN ROMERO		at (407	201-2036	
(Name of Conta	ct Person)	(Area Code)	(Daytime Telephone Number)	
	or the following amou a bank located in the		rocessed by this office must be payable in	US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing F and Certified Copy		
STREET ADDRESS	S:	MAILIN	NG ADDRESS:	
Registration Section		_	ation Section	
Division of Corporati	ions		of Corporations	
Clifton Building 2661 Executive Cent	er Cirolo	P. O. Bo	ox 6327 ssee, FL 32314	
2001 LACCURVE CENT	ci Circie	i ananas:	SSEE, 111, 32314	

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 2, 2016

CARMEN ROMERO A&A MUL-T SERVICES INC 79 LAS BRISAS WAY KISSIMMEE, FL 34743

SUBJECT: CENTRAL FLORIDA PTAC, LLC

Ref. Number: W16000074247

16 K07 38 AH H: 22

We have received your document for CENTRAL FLORIDA PTAC, 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 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.

Neysa Culligan Regulatory Specialist II

Letter Number: 116A00023528

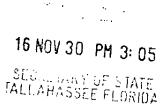
Articles of Conversion

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" immediate CENTRAL FLORIDA PTAC INC	ely prior to the filing of the Articles of Conversion is:
(Enter Name of Other Busin	ness Entity)
2. The "Other Business Entity" is a C-CORPORATION	
(Enter entity type. Ex	ample: corporation, limited partnership, o, common law or business trust, etc.)
First organized, formed or incorporated under the laws	of FLORIDA
10/20/2015	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company CENTRAL FLORIDA PTAC, LLC (Enter Name of Florida Limited Liab	y as set forth in the attached Articles of Organization:
4. If not effective on the date of filing, enter the effect (The effective date: 1) cannot be prior to date of re	
	ent of State; <u>AND</u> 2) must be the same as the effective if an effective date is listed therein.)
5. The plan of conversion has been approved in accord	ance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed which such members are entitled under ss. 605.1006 a	to pay any members having appraisal rights the amount to and 605.1061-605.1072, F.S.

Signed this 27TH day of OCTOBER	20 2016
Signature of Authorized Representative of Link	_
	##
Signature of Authorized Representative:	
Printed Name: CARMEN ROMERO	itle: BOOKKEEPER
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: & Fely Padelle St.	
Printed Name: PADILLA, EELIX JR	Title: PRESIDENT
a: Landold la	
Printed Name: CALDER FIN, ELEAZAR	Title: V-PRESIDENT
Signature:	
Printed Name:	Title:
Claratura.	
Signature:	Title
rimed Name.	Title.
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In-	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limitad Partnarchine
Signatures of ALL General Partners.	CV Emilieu i artifersing.
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
CENTRAL FLORIDA PTAC, LLC (Must end with the words "Limited Liability)	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
32 LAGO MESA WAY	32 LAGO MESA WAY
KISSIMMEE, FL 34743	KISSIMMEE, FL 34743
	and statement
(The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re CALDERON, ELEAZAR Name	
	## OV >>= Q
32 LAGO MESA WAY	Box NOT acceptable)
Florida street address (P.O.	Box NOT acceptable)
KISSIMMEE	FL 34743
City	Zip 57 05
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete pa	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S

(CONTINUED)

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager MGR	PADILLA, FELIX JR	
WGK	304 LA PAZ DRIVE	
	KISSIMMEE, FL 34743	
	(KIO)(KII)(KII) (KIO)	
AMBR	CALDERON, ELEAZAR	
	32 LAGO MESA WAY	
	KISSIMMEE, FL 34743	
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effective date is listed, the date mu	the date of filing: 11/15/2016 ust be specific and cannot be more th	
ICLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.)	eet the applicable statutory filing requirement	nan five business days
ICLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.) If the date inserted in this block does not me	eet the applicable statutory filing requirement	nan five business days
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ICLE V: Effective date, if other than effective date is listed, the date me 90 days after the date of filing.) If the date inserted in this block does not me ent's effective date on the Department of Sta ICLE VI: Other provisions, if any. NA REQUIRED SIGNATURE: Signature of a mem This document is executed it am aware that any false info	eet the applicable statutory filing requirement	e of a member.
ICLE V: Effective date, if other than effective date is listed, the date me 90 days after the date of filing.) If the date inserted in this block does not me ent's effective date on the Department of Sta ICLE VI: Other provisions, if any. NA REQUIRED SIGNATURE: Signature of a mem This document is executed it am aware that any false info	ber or archithorized representative accordance with section 605.0203 (1) (b). Formation submitted in a document to the Department of the D	e of a member.
ICLE V: Effective date, if other than effective date is listed, the date me 90 days after the date of filing.) If the date inserted in this block does not me ent's effective date on the Department of Sta ICLE VI: Other provisions, if any. NA REQUIRED SIGNATURE: Signature of a mem This document is executed it am aware that any false infeconstitutes a third degree felo	ber or applicable statutory filing requirements ate's records. ber or applicable statutory filing requirements ate's records. ber or applicable statutory filing requirements ate's records.	e of a member.

Page 2 of 2

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

ARTICLE IV-

Company: