

U160000233470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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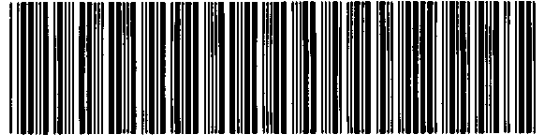
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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# SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312

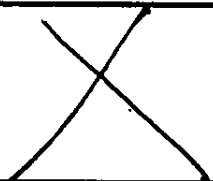

850-656-4724

850-508-1891 (cell)

Date: 12-28-16

Name:	Alternative Solutions PEO, LLC
Document #:	(Fernando corp creations)
Order #:	

Certified Copy of Arts & Amend:				
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Certificate of Good Standing:				
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Ref# _____

Amount: \$ 600.00

Thank you!

**Certificate of Conversion  
For  
"Other Business Entity"  
Into  
Florida Limited Liability Company**

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This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into Florida Limited Liability Company in accordance with Section 605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: Alternative Solutions PEO, Inc.

2. The "Other Business Entity" is a Florida corporation, first organized, formed or incorporated under the laws of the State of Florida on July 1, 2010 (Document No. P10000055896).

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is Alternative Solutions PEO, LLC.

4. This conversion shall be effective as of the date of filing.

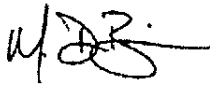
5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under Sections 605.1006 and 605.1061-1072, Florida Statutes.

Signed this 20<sup>th</sup> day of December, 2016.

**Signature of Authorized Representative of Limited Liability Company:**

Alternative Solutions PEO, LLC

By: 

Name: Michael De Biase, Esq.

Title: Authorized Representative/Attorney

**Signature of Authorized Representative of Other Business Entity:**

Alternative Solutions PEO, Inc.

By: 

Name: Michael De Biase, Esq.

Title: Authorized Representative/Attorney

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**ARTICLES OF ORGANIZATION  
OF  
ALTERNATIVE SOLUTIONS PEO, LLC**

**ARTICLE I**

The name of this Limited Liability Company is Alternative Solutions PEO, LLC.

**ARTICLE II**

The mailing address and street address of the principal office  
of the Limited Liability Company is:

**Principal Office Address:**

1315 W. Indiantown Rd.  
Second Floor  
Jupiter, Florida 33458

**Mailing Address:**

1315 W. Indiantown Rd.  
Second Floor  
Jupiter, Florida 33458

**ARTICLE III**

The name and the Florida street address of the registered agent are:

Tobin & Reyes, P.A.  
c/o David Tobin  
225 N.E. Mizner Blvd.  
Suite 510  
Boca Raton, Florida 33432

**ARTICLE IV**

The Limited Liability Company's purpose is to conduct business for all lawful purposes.

**ARTICLE V**

These Articles of Organization are effective as of the date of filing.

The undersigned authorized representative does make and file these Articles of Organization for Florida Limited Liability Company Alternative Solutions PEO, LLC effective as of the date first set forth above.

By: \_\_\_\_\_

Name: Michael De Biase, Esq.

Title: Authorized Representative/Attorney

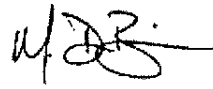
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### **REGISTERED AGENT ACKNOWLEDGMENT**

Having been named as registered agent and to accept service of process for Alternative Solutions PEO, LLC, a Florida limited liability company, at the place designated on 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 in Chapter 605, Florida Statutes.

Dated this 20<sup>th</sup> day of December, 2016.

**Tobin & Reyes, P.A.**

By: 

Name: Michael N. De Biase, Esq.

Title: Attorney

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