# 170000/600/

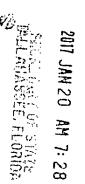
(Requestor's Name)				
(Address)				
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Special Instructions to Filing Officer:				

Office Use Only



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#### **COVER LETTER**

TO: Registration S Division of C					
SUBJECT: Synergy	Incentive & Meeting Servi	ces			
		of Resulting Florida	Limite	d Company)	
				d fees are submitted to conccordance with s. 605.1045	
Please return all corr	espondence concernin	g this matter to:			
Dorothy DeSisto					
<del></del>	(Contact Person)	·			
Synergy Incentive & Me	eting Services				
	(Firm/Company)				
10464 Severino Lane					
	(Address)				
Ft. Myers, FL 33913					
(	City, State and Zip Code)				
ddesisto@synergyincent	ives.com				
E-mail Address: (to b	pe used for future annual re	port notifications)			
For further informati	on concerning this ma	tter, please call:			
Dorothy DeSisto		at ( <sup>239</sup>	208-9	9355	
(Name of Contact Person)			(Daytime 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	\$180.00 Filing and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES	S:			ADDRESS:	
Registration Section Division of Corporat	ions		Registration Section Division of Corporations		
Clifton Building	20101	P. O. Be			
2661 Executive Cent	ter Circle			FL 32314	

Tallahassee, FL 32301



# FLORIDA DEPARTMENT OF STATE Division of Corporations

December 6, 2016

DOROTHY DESISTO 10464 SEVERINO LANE FT. MYERS, FL 33913

SUBJECT: SYNERGY INCENTIVE & MEETING SERVICES, LLC

Ref. Number: W16000081652

We have received your document for SYNERGY INCENTIVE & MEETING 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):

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 416A00025949

#### **Articles of Conversion**

For

## "Other Business Entity"

FILED

2017 JAN 20 AM 7: 29

Into



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

Synergy Incentive & Meeting Services	ness Entity" immediately prior to the filing of the Articles of Conversion is:
(	Enter Name of Other Business Entity)
2. The "Other Business Entity"	is a
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorp	porated under the laws of
November 4, 2011	(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 Limit	ited Liability Company as set forth in the attached Articles of Organization:
Synergy Incentive & Meeting Services	, LLC
(Enter Na	me of Florida Limited Liability Company)
(The effective date: 1) cannot date this document is filed by t date listed in the attached Arti	filing, enter the effective date: 1/1/17 be prior to date of receipt or filed date nor more than 90 days after the the Florida Department of State; AND 2) must be the same as the effective cles of Organization, if an effective date is listed therein.) does not meet the applicable statutory filing requirements, this date will not be listed as the retment of State's records.
5. The plan of conversion has be	en approved in accordance with all applicable statutes.

Page 1 of 2

Signed this 30 day of November	20_/
	r#al füü:
Signature of Authorized Representative of Limit	ted Lighility Company; FILED
1/0260	HUY ALL SCHIT JAN 20 AM 7: 29
Signature of Authorized Representative:	
Printed Name: Dorothy DeSisto	Title: President STATE STATE STATE
$\sim$	TELL/AIASSEE、FLORIUA
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)
Signature: Messale	
Printed Name: Doroffy Delisio	Title: POLSI DEALT
John Jesty J	_ 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Signature:	
Printed Name:	
Signature:	
Printed Name:	Title:
Cimatana	
Signature: Printed Name:	Title
Timed Name.	Title.
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
ICEN IN CO.	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Corporation	Officer
If Directors or Officers have not been selected, an Inc	
in proceeds of Officers have not been selected, an inc	orporator must sign.
If Florida General Partnership or Limited Liabilit	v Partnership:
Signature of one General Partner.	<del></del>
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
Signature of all authorized person.	
Fces:	
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 Com	ipany is:	
Synergy Incentive & Meeting Services, LLC		<del></del>
(Must end with the words "Lim	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limite	d Liability Company is:
Deinsingl Office Address.	W. H 2 M 2	
Principal Office Address:	Mailing Address:	
10464 Severino Lane	10464 Severino Lane	
Ft. Myers, FL 33913	Ft. Myers, FL 33913	
ARTICLE III - Registered Agent, Re	ogistored Office & Degistered Age	ant's Signatura.
(The Limited Liability Company cannot serve as its	own Registered Agent. You must designate an	
business entity with an active Florida registration.)		
The name and the Florida street address	s of the registered agent are:	
5 4 5 6		
Dorothy DeSisto	N	
	Name	
10464 Severino Lane		
Florida street addr	ress (P.O. Box NOT acceptable)	
P. M	22012	
Ft. Myers City	FL 33913 Zip	
City	Zip	
Having been named as registered age	ent and to accept service of process for	or the above stated limited
	gnated in this certificate, I hereby acc	
registered agent and agree to act in th		
statutes relating to the proper and co		
accept the obligations of my positi	ion as registered agent as provided fo	or in Chapter 605, F.S
/// ( .		4 = 1
(SID)	all Misuto	2017
Registered Age	n s Signature (REQUIRED)	
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<i>y</i>		FILED 20 AI
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	Page 1 of 2	1.7:
		65° 25

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

Title:	Name and Address:	
"AMBR" = Authorized Member		60° 1.
"MGR" = Manager		**************************************
MGR	Dorothy DeSisto	
	10464 Severino Lane	
	Ft. Myers, FL 33913	<u> </u>
		FILEO A
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		₩ <b>9</b>
	<del> </del>	
		<del> </del>
	<del></del>	
ARTICLE V: Effective date, if other than (If an effective date is listed, the date me to or 90 days after the date of filing.)  Note: If the date inserted in this block does not me document's effective date on the Department of St	ust be specific and cannot be more eet the applicable statutory filing requiren	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	Also	
	iber or an authorized representa	
	in accordance with section 605.0203 (1) (	
	formation submitted in a document to the I	Department of State
	lony as provided for in s.817.155, F.S.	
Dolormy	Typed or printed name of signee	
/	i voed or printed name of signee	

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Page 2 of 2