17000023066

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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01/09/17--01023--027 **185.00

17 JAN 31 PH 12: 55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO:	Registration S Division of C				
SHRI	FCT. Paramoun	it Revenue Management Ll	LC		
ЗОВ	EC11	(Name of Res	ulting Florida Limit	ited Company)	
			_	tion, and fees are submitted to convert an 'ay' in accordance with s. 605.1045, F.S.	"Othe
Please	return all corre	espondence concerning	g this matter to:		
Paul M	ateria Jr.				
		(Contact Person)		_	
		(Firm/Company)		_	
3451 S	W Catskill Drive			<u></u>	
		(Address)			
Port Sa	int Lucie, Florida			_	
	•	City, State and Zip Code)			
	apexbiller.com			_	
E-n	nail Address: (to b	e used for future annual rep	port notifications)		
For fu	rther information	on concerning this mat	tter, please call:		
Paul M	ateria Jr.		at (³¹⁰	(Daytime Telephone Number)	
	(Name of Conta	ct Person)	(Area Code)	(Daytime Telephone Number)	
		or the following amou a bank located in the		processed by this office must be payable i	n US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles inization)	\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified Cop		
	ET ADDRESS	S:		LING ADDRESS:	
_	ration Section on of Corporati	ione		tration Section on of Corporations	
	on of Corporati n Building	10113		Box 6327	
	Executive Cent	er Circle		assee, FL 32314	

Tallahassee, FL 32301



January 10, 2017

PAUL MATERIA JR. 3451 SW CATSKILL DRIVE PORT SAINT LUCIE, FL 34953

SUBJECT: PARAMOUNT REVENUE MANAGEMENT LLC

Ref. Number: W17000001999

We have received your document for PARAMOUNT REVENUE MANAGEMENT LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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

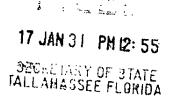
Letter Number: 617A00000547

www.sunbiz.org

DO DOV COOR OUT I

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 Conversion is: Paramount Revenue Management Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida 07/27/2016 (Enter state, or if a non-U.S. entity, the name of the country)
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Paramount Revenue Management LLC.
(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 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date 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 not be listed as the 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.
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 ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 5th day of January	20 <u>17 · </u>
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Printed Name: Tagen Materia	CN Materia Title: President
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Jakn Matlia	
Printed Name: Tagen Materia	Title: President
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
_	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
·	
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$30.00 (Ontional)
Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Paramount Revenue Management LLC.		
(Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")	-
ARTICLE II - Address:		
	f the principal office of the Limited Liability (Company is
Principal Office Address:	Mailing Address:	
3451 SW Catskill Drive	3451 SW Catskill Drive	
Port Saint Lucie, FL 34953	Port Saint Lucie, FL 34953	=
The Limited Liability Company cannot serve as its ov	istered Office, & Registered Agent's Signat vn Registered Agent. You must designate an individual or and	
The Limited Liability Company cannot serve as its over business entity with an active Florida registration.)	vn Registered Agent. You must designate an individual or and	other
The Limited Liability Company cannot serve as its over business entity with an active Florida registration.)	of the registered agent are:	other
The Limited Liability Company cannot serve as its over business entity with an active Florida registration.) The name and the Florida street address of the name and the nam	of the registered agent are:	other 17 JAN 31
The Limited Liability Company cannot serve as its over business entity with an active Florida registration.) The name and the Florida street address of the name and the nam	of the registered agent are:	other 17 JAN 31
The Limited Liability Company cannot serve as its over business entity with an active Florida registration.) The name and the Florida street address of the Jared Turner 737 SW Port Saint Lucie	of the registered agent are:	other 17 JAN 31
The Limited Liability Company cannot serve as its over business entity with an active Florida registration.) The name and the Florida street address of the Jared Turner 737 SW Port Saint Lucie	of the registered agent are: Name Blvd. Suite C	other 17 JAN 31

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager AMBR	Tagen Materia
	
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LE V: Effective date, if other than the	he date of filing: (OPTIONAl
ffective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet t's effective date on the Department of State LE VI: Other provisions, if any. REQUIRED SIGNATURE:	t the applicable statutory filing requirements, this date will not be c's records.
CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet the date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membor This document is executed in I am aware that any false information.	t the applicable statutory filing requirements, this date will not be c's records.
CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet the date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membor This document is executed in I am aware that any false information.	t the applicable statutory filing requirements, this date will not be c's records. Madua er or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State
CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet the date inserted in the Department of State of the Department of State of the University of State of State of the University of State of Sta	t the applicable statutory filing requirements, this date will not be c's records. Madua er or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State