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| (Re | equestor's Name) | | |
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| (Ci | ty/State/Zip/Phone | #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| | usiness Entity Nam | ne) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to | Filing Officer: | | |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 5, 2017

SUELY OLIVEIRA 1660 W HILLSBORO BLVD DEERFIELD BEACH, FL 33442

SUBJECT: AJM GENERAL SERVICES LLC

Ref. Number: W17000001022

We have received your document for AJM GENERAL 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):

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.

Matthew T Moon Regulatory Specialist II

Letter Number: 817A00000300

COVER LETTER

| то: | Registration S Division of C | | | | | |
|------------------------------------|--|---|--|----------------------------|--|-----------------|
| SUBJ | ECT: AJM Gen | eral Services LLC | | | | |
| 5020 | | | of Resulting Florida l | Limited | d Company) | |
| | | | • | | d fees are submitted to co ecordance with s. 605.104 | |
| Please | return all corre | espondence concernin | g this matter to: | | | |
| Suely | Oliveira | | | | | |
| | | (Contact Person) | <u>. </u> | | | |
| TaxPla | ce | | | | | |
| | | (Firm/Company) | | | | |
| 1660 V | V Hillsboro Blvd | | | | | |
| | - | (Address) | | | | |
| Deerfie | eld Beach | | | | | |
| | ((| City, State and Zip Code) | | | | |
| suely@ | taxplace.com | | | | | |
| E-n | nail Address: (to b | e used for future annual re | port notifications) | | | |
| For fu | rther informati | on concerning this ma | tter, please call: | | | |
| Antoni | o Martins | | _at (<u>954</u>) | 369-4 | 444 | |
| | (Name of Conta | ct Person) | | (Day | time Telephone Number) | |
| Enclo | sed is a check f | or the following amou | int: | | | |
| (\$25 fo & \$125 | 0.00 Filing Fees r Conversion for Articles enization) | □\$155.00 Filing Fees and Certificate of Status | □\$180.00 Filing F and Certified Copy | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status | |
| Regist Divisi Clifto 2661 | tration Section on of Corporati n Building Executive Cent assee, FL 3230 | ions er Circle | Registra Divisior P. O. Bo | tion S n of C ox 632 | orporations | 17 E3 15 13 5 5 |

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: AJM General Services, Corp. |
|--|
| (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 |
| 01/27/2012 (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 as set forth in the attached Articles of Organization: AJM General Services 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. |

Page 1 of 2

| Signed this 16 day of December | 20_16 |
|---|--------------------------------------|
| Signature of Authorized Representative of Limi | ted Liability Company: |
| . 10 | <u>~U</u> |
| Signature of Authorized Representative: X Printed Name: Antonio Martins | M(. |
| Printed Name: Antonio Martins | Title: Member |
| | |
| Signature(s) on behalf of Other Business Entity: [| See below for required signature(s)] |
| | |
| Signature: X 1 . Printed Name: Antonio Martins | |
| Printed Name: Antonio Martins | Title: President |
| | |
| Signature: | |
| Signature:Printed Name: | Title: |
| | |
| Signature: | |
| Signature:Printed Name: | _ Title: |
| | |
| Signature: | |
| Signature:Printed Name: | Title: |
| | |
| Signature: | |
| Signature:Printed Name: | Title: |
| | |
| Signature:Printed Name: | |
| Printed Name: | Title: |
| | |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, or | |
| If Directors or Officers have not been selected, an Inc | corporator must sign. |
| | _ |
| If Florida General Partnership or Limited Liabili | ty Partnership: |
| Signature of one General Partner. | |
| | |
| If Florida Limited Partnership or Limited Liabili | y Limited Partnership: |
| Signatures of <u>ALL</u> General Partners. | |
| A 31 1 | |
| All others: | |
| Signature of an authorized person. | |
| Fees: | |
| Articles of Conversion: | \$25.00 |
| | \$125.00 |
| Fees for Florida Articles of Organization: | · |
| Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Co | ompany is: |
|--------------------------------------|---|
| AJM General Services LLC | |
| (Must end with the words " | Limited Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street addre | ss of the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address |

| Frincipal Office Address: | <u>Maning Address:</u> |
|---------------------------|------------------------|
| 5500 NW 2nd Ave # 225 | 5500 NW 2nd Ave # 225 |
| Boca Raton, FL 33487 | Boca Raton, FL 33487 |
| | |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or anothe business entity with an active Florida registration.)

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

ARTICLE I - Name:

| Antonio Martins | |
|-----------------------|-------------------------------------|
| | Name |
| 5500 NW 2nd Ave # 225 | |
| Florida street addres | ss (P.O. Box <u>NOT</u> acceptable) |
| Boca Raton | FL 33487 |
| City | Zip |

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



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

| <u>Title:</u> "AMBR" = Authorized Memb | Name and Address: |
|---|---|
| "MGR" = Manager MGR | Antonio Martins |
| WOK | 5500 NW 2nd Ave |
| | Boca Raton, FL 33487 |
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| in effective date is listed, the date r 90 days after the date of filing.) | than the date of filing: 12/16/2016 (OPTIONAL) e must be specific and cannot be more than five business days |
| ment's effective date on the Department FICLE VI: Other provisions, if any | |
| REQUIRED SIGNATURE: | |
| ///// | |
| | member or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes. |

Typed 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)

constitutes a third degree felony as provided for in s.817.155, F.S.

Antonio Martins

Page 2 of 2