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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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A PROFESSIONAL LIABILITY PARTNERSHIP FEIN 59-2851736

CHARLES C. JONES II, P.A.
ANNETTE GIARDINA HABER, P.A.
HARVEY ROLLINGS
Certified Circuit Court Mediator
MARTHA S. WARCHOL
THOMAS M. TARSIA
KIMBERLY C. MORRIS
ERICK C. STOCKS
WILLIAM C. MERCHANT

1633 SOUTHEAST 47TH TERRACE
CAPE CORAL, FLORIDA 33904
OR
POST OFFICE BOX 100767
CAPE CORAL, FL 33910
Telephone: (239) 542-0700
Facsimile: (239) 542-8627

jones@joneshabedaw.com JONES@JONESHABERLAW.COM

Of Counsel

March 7, 2017

VIA FEDERAL EXPRESS

Division of Corporations Clifton Building Attn: Certification 2661 Executive Center Circle Tallahassee, FL 32301

RE: Articles of Conversion - Valley Metal Services, LLC.

To Whom It May Concern:

Enclosed herewith please find Check No. 35697 in the amount of \$150.00, along with the completed form for filing the Articles of Conversion for Valley Metal Services, LLC.

Should you have any questions, please do not hesitate to contact our office.

Thank You,

Christina Tarquino

Legal Assistant to Charles C. Jones II, Esq.

COVER LETTER

Division of Corpora	tions			
SUBJECT: Valley Metal Serv	rices, LLC			
	(Name of Resulti	ing Florida Limit	ed Comp	pany)
The enclosed Articles of Co Business Entity" into a "Flo	onversion, Articles orida Limited Liab	of Organizati ility Company	on, and	I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all correspond	ence concerning th	his matter to:		
Charles Jones				
(Con	tact Person)		•	
Jones, Haber & Rollings				
(Firm	/Company)		•	
1633 SE 47th Terrace				
(/	Address)		-	
Cape Coral, Florida 33904				
(City, Sta	te and Zip Code)		•	
jones@joneshaberlaw.com	•			
E-mail Address: (to be used for	or future annual repor	t notifications)	-	
For further information con-	cerning this matter	r, please call:		
Christina Tarquino	2	nt (542-07	700
(Name of Contact Perso	n)	(Area Code)	(Dayt	ime Telephone Number)
Enclosed is a check for the dollars and drawn on a bank			rocesse	ed by this office must be payable in US
	ertificate of a	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		New F Divisio P. O. B	iling Se on of Co ox 632	orporations

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.

Valley Metal Services, LLC (MD-003988) (Enter	Name of Other Business Entity)
2. The "Other Business Entity" is a ¹	imited liability company Enter entity type. Example: corporation, limited partnership,
(Ī	Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporat	ed under the laws of North Carolina
January 14, 2009	(Enter state, or if a non-U.S. entity, the name of the country)
on (date of organization, formation or incor	poration)
3. The name of the Florida Limited I	Liability Company as set forth in the attached Articles of Organization
Valley Metal Services, LLC	
(Enter Name of	Florida Limited Liability Company)
4. If not effective on the date of filin	g, enter the effective date:
(The effective date: 1) cannot be p after the date this document is filed the effective date listed in the attac	rior to date of receipt or filed date nor more than 90 calendar days I by the Florida Department of State; AND 2) must be the same as hed Articles of Organization, if an effective date is listed therein.) not meet the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been a	pproved in accordance with all applicable statutes.
	Entity" has agreed to pay any members having appraisal rights the amount to order ss. 605.1006 and 605.1061-605.1072, F.S.
	TALL SECOND

Signed this day of March	20_2017.
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative: Printed Name: Chad Van Tilburg	Title: Member
Signature(s) on behalf of Other Business Entity: [5]	
Signature: Robert L. Merkle	
Printed Name: Robert L. Merkle	Title: Authorized Member
Signature: Auralia G. Menklo Printed Names Wirelia A Merkle	Title: Member
Printed Name Aurelia A. Merkle	Title: Member
Signature:	
	Title: Member
Signature: Nadya C Vaulibure Printed Name: Nadya C. Van Tilburg	Title: Member
Trinted Name, Nadya C. Van Fribarg	Title, Monoci
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

AHASSEE ELODIO

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Valley Metal Services,			
(Mus	st contain the words "Limited E	ciability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad	dress:		
The mailing addres	s and street address of	the principal office of the Limited Liability Com	ıpany i
		•	•
Principal Office A	ddress:	Mailing Address:	
1490 NE Pine Island R	toad, Suite 8-D	1490 NE Pine Island Road, Suite 8-D	
Cape Coral, Florida 33		Cape Coral, Florida 33909	
(The Limited Liability Co business entity with an a	ompany cannot serve as its own active Florida registration.)	stered Office, & Registered Agent's Signature in Registered Agent. You must designate an individual or another of the registered agent are:	
(The Limited Liability Co business entity with an a	ompany cannot serve as its own active Florida registration.)	stered Office, & Registered Agent's Signature registered Agent. You must designate an individual or another f the registered agent are:	:: :
(The Limited Liability Co business entity with an a	ompany cannot serve as its own active Florida registration.) Florida street address of Chad Van Tilburg	n Registered Agent. You must designate an individual or another	::
(The Limited Liability Co business entity with an a	ompany cannot serve as its own active Florida registration.) Florida street address of Chad Van Tilburg	n Registered Agent. You must designate an individual or another f the registered agent are: Name	
(The Limited Liability Co business entity with an a	ompany cannot serve as its own active Florida registration.) Florida street address of Chad Van Tilburg 1490 NE Pine Island Road	Registered Agent. You must designate an individual or another f the registered agent are: Name , Suite 8-D	
(The Limited Liability Co business entity with an a	ompany cannot serve as its own active Florida registration.) Florida street address of Chad Van Tilburg 1490 NE Pine Island Road	n Registered Agent. You must designate an individual or another f the registered agent are: Name	::
(The Limited Liability Co business entity with an a	ompany cannot serve as its own active Florida registration.) Florida street address of Chad Van Tilburg 1490 NE Pine Island Road	Registered Agent. You must designate an individual or another f the registered agent are: Name , Suite 8-D	

Registered Agent's Signature (REQUIRED)

17 MAR -8 AM 10: 32 SECRETARY OF STATE

Λ	RT	ICI	F	IV.

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

"MGR" = Manager Authorized Member	Robert L. Merkle	
Authorized Member	Robert L. Merkle	
	1490 NE Pine Island Road, Suite 8-D	_
	Cape Ciral, Florida 33909	_
Member	Aurelia A. Merkle	
	1490 NE Pine Island Road, Suite 8-D	_
	Cape Coral, Florida 33909	_
Member	Chad Van Tilburg	
- Internoct	1490 NE Pine Island Road, Suite 8-D	_
	Cape Coral, Florida 33909	_
	Cape Corai, Florida 33909	_
Member	Nadya C. Van Tilburg	
	1490 NE Pine Island Road, Suite 8-D	_
		_
ffective date is listed, the date mu or 90 calendar days after the date		iness
LE V: Effective date, if other than affective date is listed, the date mu or 90 calendar days after the date the date inserted in this block does not mee as effective date on the Department of States	the date of filing: . (OP' st be specific and cannot be more than five buse of filing.) t the applicable statutory filing requirements, this date will	iness
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LE V: Effective date, if other than a ffective date is listed, the date mu or 90 calendar days after the date he date inserted in this block does not mee as effective date on the Department of State LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb This document is executed in I am aware that any false information.	the date of filing: st be specific and cannot be more than five bute of filing.) t the applicable statutory filing requirements, this date will se's records. 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 Spars.	iness not be li
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)