## L17000083035

(Requestor's Name)	
(Address)	300296
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	03×9×/17
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	D O'KEF==
	3 H

Office Use Only



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March 15, 2017

ALFREDO BELMONTE BUSINESS SERVICES USA LLC 1528 W WARM SPRINGS, UNIT 100 HENDERSON, NV 89014

SUBJECT: JA FIRE COMMUNICATIONS LLC

Ref. Number: W17000022539

We have received your document for JA FIRE COMMUNICATIONS LLC and your check(s) totaling \$55.00. ... 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.

DANIEL L O'KEEFE Regulatory Specialist II

with a Working of

www.sunbiz.org

Letter Number: 717A00005047

### • COVER LETTER

то:	New Filing Se Division of C					
SHR	IFCT: JA FIRE	COMMUNICATIONS LI	.C			
130 D.	<u></u>	(Name of Re	sulting Florida Lin	ited Con	npany)	
					d fees are submitted to convert an "Otheccordance with s. 605.1045, F.S.	er
Pleas	e return all corre	espondence concernin	g this matter to			
ALFR	EDO BELMONTE	<u>:</u>				
		(Contact Person)	•			
BUSE	NESS SERVICES	USA LLC				
		(Firm/Company)	<u> </u>	_		
1528	W WARM SPRING	GS, UNIT 100	•			
		(Address)		_		
HENI	DERSON, NV, 890	14				
	((	City, State and Zip Code)		<del></del>		
JDAY	70673@AOL.COM					
E-r	mail Address: (to b	e used for future annual re	port notifications)	_		
For fu	arther information	on concerning this ma	tter, please call			
ALFR	EDO BELMONTI	3	at ( 310	445-6	6675	
	(Name of Conta	ct Person)	(Area Code	_/	rtime Telephone Number)	
		or the following amou a bank located in the		process	sed by this office must be payable in US	ı
(\$25 fc & \$12.	50.00 Filing Fees or Conversion 5 for Articles anization)	■\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co	-	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
New Divis Clifto 2661	EET ADDRESS Filing Section ion of Corporation on Building Executive Center of Tallahassee, Fl	ons er	New I Divisi P. O.	iling S on of C Box 63:	Corporations	ć

32301

### **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.

Statutes.		
1. The name of the "Other Business E JA FIRE COMMUNICATIONS, INC.	intity" immediately prior to the filing of the Articl	es of Conversion is:
(Enter N	Name of Other Business Entity)	•'
2. The "Other Business Entity" is a	ORPORATION	
(En	nter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	· ·
First organized, formed or incorporated	d under the laws of	
06/29/2016 on	(Enter state, or if a non-U.S. entity, the	name of the country)
(date of organization, formation or incorpo	oration)	
3. The name of the Florida Limited Li	iability Company as set forth in the attached Arti	icles of Organization:
JA FIRE COMMUNICATIONS LLC		
(Enter Name of F	Florida Limited Liability Company)	··
4. If not effective on the date of filing.	, enter the effective date:	··
after the date this document is filed I the effective date listed in the attache	ior to date of receipt or filed date nor more that by the Florida Department of State; AND 2) med Articles of Organization, if an effective date of the applicable statutory filing requirements, this date of State's records.	ust be the same as is listed therein.)
5. The plan of conversion has been app	proved in accordance with all applicable statutes.	
6. The "Converted or Other Business En which such members are entitled und	ntity" has agreed to pay any members having apprais ler ss. 605.1006 and 605.1061-605.1072, F.S.	sal rights the amount to
		i i
		$\frac{10}{60}$
		<u></u> '.

Signed this 28	day of FEBRUARY	20_17	
Signature of Auth	orized Representative of L	imited Liability Company:	
Signature of Author Printed Name: <u>JAME</u>	rized Representative:	MUS Day Title: PRESIDENT	
		y: [See below for required signature(s)]	
Signature: Alexsi	s (ollazo	Title: VICE PRESIDENT	
Printed Name: ALEX	ISIS COLLAZO	Title: VICE PRESIDENT	_
Signature:			
Printed Name:		Title:	_
Printed Name:		Title:	_
Sionature:			
Printed Name:		Title:	_
Signature:			
Printed Name:		Title:	_
Printed Name:		Title:	_
<u>If Florida Corpora</u>	tion		
Signature of Chairm	an, Vice Chairman, Director		
If Directors or Office	ers have not been selected, a	n Incorporator must sign.	
lf Florida General	Partnership or Limited Lia	bility Partnership:	
Signature of one Ger	neral Partner.		
<b>If Florida Limited</b> Signatures of <b>ALL</b> (		bility Limited Partnership:	
All others: Signature of an auth	orized person.		
Fees:			

\$25.00 \$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

ARTICLE I - Name:	
The name of the Limited Liability Co	ompany is:
JA FIRE COMMUNICATIONS LLC	
(Must contain the words "Lir	nited Liability Company, "L.L.C.," or "LC,")
ARTICLE II - Address: The mailing address and street addres	ss of the principal office of the Limited Liabi
-	
Principal Office Address:	Mailing Address:
5061 SW 94TH WAY	5061 SW 94TH WAY
COOPER CITY, FL, 33328	COOPER CITY, FL., 33328
The Limited Liability Company cannot serve as a business entity with an active Florida registration.  The name and the Florida street addresses.	
ARTICLE III - Registered Agent, I The Limited Liability Company cannot serve as i business entity with an active Florida registration The name and the Florida street addre	its own Registered Agent. You must designate an individua n.)
The Limited Liability Company cannot serve as business entity with an active Florida registration.  The name and the Florida street address. <u>JAMES DAY</u>	its own Registered Agent. You must designate an individual n.) css of the registered agent are: Name
The Limited Liability Company cannot serve as business entity with an active Florida registration.  The name and the Florida street address DAY  5061 SW 94TH WA	its own Registered Agent. You must designate an individual n.) css of the registered agent are: Name
The Limited Liability Company cannot serve as business entity with an active Florida registration.  The name and the Florida street address DAY  5061 SW 94TH WA	its own Registered Agent. You must designate an individual n.)  css of the registered agent are:  Name  Y  dress (P.O. Box <u>NOT</u> acceptable)
The Limited Liability Company cannot serve as business entity with an active Florida registration.  The name and the Florida street address DAY    JAMES DAY	its own Registered Agent. You must designate an individual in.)  cess of the registered agent are:  Name  Y  dress (P.O. Box NOT acceptable)  FL 33328
The Limited Liability Company cannot serve as business entity with an active Florida registration.  The name and the Florida street address DAY    Solition	its own Registered Agent. You must designate an individual n.)  cess of the registered agent are:  Name  Y  dress (P.O. Box NOT acceptable)  FL 33328
The Limited Liability Company cannot serve as business entity with an active Florida registration.  The name and the Florida street address.  JAMES DAY  5061 SW 94TH WA Florida street address.  COOPER CITY  Cit  Having been named as registered a liability company at the place de-	its own Registered Agent. You must designate an individual (a.)  ess of the registered agent are:  Name  Y  dress (P.O. Box NOT acceptable)  FL 33328  ty Zip  gent and to accept service of process for the assignated in this certificate. I hereby accept the
The Limited Liability Company cannot serve as business entity with an active Florida registration.  The name and the Florida street address.  JAMES DAY  5061 SW 94TH WA Florida street address.  COOPER CITY  Cit  Having been named as registered a liability company at the place decregistered agent and agree to act in	this own Registered Agent. You must designate an individual (n.)  Person of the registered agent are:  Name  Y  Adress (P.O. Box NOT acceptable)  FL 33328  Ty  Zip  gent and to accept service of process for the assignated in this certificate. I hereby accept the this capacity. I further agree to comply with
The Limited Liability Company cannot serve as business entity with an active Florida registration. The name and the Florida street address DAY    Solition	its own Registered Agent. You must designate an individual (a.)  ess of the registered agent are:  Name  Y  dress (P.O. Box NOT acceptable)  FL 33328  ty Zip  gent and to accept service of process for the assignated in this certificate. I hereby accept the
The Limited Liability Company cannot serve as business entity with an active Florida registration. The name and the Florida street address DAY    Solition	its own Registered Agent. You must designate an individual (a.)  ess of the registered agent are:  Name  Y  dress (P.O. Box NOT acceptable)  FL 33328  ty Zip  gent and to accept service of process for the assignated in this certificate. I hereby accept the this capacity. I further agree to comply with complete performance of my duties, and I amition as registered agent as provided for in Ch
The Limited Liability Company cannot serve as business entity with an active Florida registration. The name and the Florida street address DAY    SOCIETY   SOCIETY	its own Registered Agent. You must designate an individual (a.)  ess of the registered agent are:  Name  Y  dress (P.O. Box NOT acceptable)  FL 33328  ty Zip  gent and to accept service of process for the assignated in this certificate. I hereby accept the this capacity. I further agree to comply with complete performance of my duties, and I am

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

PANADDE - A Marie J. Name to a			
"AMBR" = Authorized Member "MGR" = Manager			
AMBR	JAMES DAY		
	5061 SW 94TH WAY		
	COOPER CITY, FL, 33328		
AMBR	5061 SW 94TH WAY		
	COOPER CITY, FL, 33328		
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			<u></u>
			5 F
(Use attachment if necessary)			on -
LE V: Effective date, if other than the d ffective date is listed, the date must be	specific and cannot be more t		CO PTIONAL
(Use attachment if necessary)  LE V: Effective date, if other than the defective date is listed, the date must be not or 90 calendar days after the date of function of the date inserted in this block does not meet the acts effective date on the Department of State's reduced.  LE VI: Other provisions, if any.	e specific and cannot be more filling.) applicable statutory filing requirements.	han five b	CO PTIONAI usiness da
LE V: Effective date, if other than the defective date is listed, the date must be or 90 calendar days after the date of fitthe date inserted in this block does not meet the attractive date on the Department of State's reduced by the date of the date inserted in this block does not meet the attractive date on the Department of State's reduced in accordance of a member of this document is executed in accordance.	e specific and cannot be more the specific and cannot be more the siling.)  applicable statutory filing requirements, cords.  an authorized representative reduce with section 605.0203 (1) (b), Floridance with section 605.0203 (1) (b), Flori	this date will	PTIONAL usiness da
LE V: Effective date, if other than the defective date is listed, the date must be or 90 calendar days after the date of fitthe date inserted in this block does not meet the attractive date on the Department of State's reduced by the date of the date inserted in this block does not meet the attractive date on the Department of State's reduced in accordance of a member of this document is executed in accordance.	r an authorized representative rance with section 605.0203 (1) (b), Floor submitted in a document to the Depar	this date will	PTIONAL usiness da
LE V: Effective date, if other than the d ffective date is listed, the date must be or 90 calendar days after the date of f the date inserted in this block does not meet the a is effective date on the Department of State's red LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of This document is executed in according aware that any false information constitutes a third degree felony as p  JAMES DAY	r an authorized representative rance with section 605.0203 (1) (b), Floor submitted in a document to the Depar	this date will	PTIONAL usiness da

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

# State of Florida Department of State

Learning from the records of this office that JA FIRE COMMUNICATIONS, INC. is a corporation organized under the laws of the State of Florida, filed on June 29, 2016.

The document number of this corporation is P16000055932

I further certify that said corporation has paid all fees due this office through December 31, 2017, that its most recent annual report/uniform business report was filed on March 25, 2017, and that its status is active

1 further certify that said corporation has not filed Articles of Dissolution

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-fifth day of March, 2017



Ken Deform Secretary of State

Trucking Number: CC6152523944

To authenticate this certificate, sist the following site, enter this number, and then follow the instructions displayed.

https://services.sumber.org/Filings/CertificateOfStatus/CertificateAuthentication