# L17cero 164759

(Requestor's Name)
(Requesions Name)
(Address)
<b>,</b> ,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195	
REFERENCE : 740877 7166951	
AUTHORIZATION :	
Smell & english	
COST LIMIT : 150.00	
ORDER DATE : July 25, 2017	
ORDER TIME : 12:21 PM	17
ORDER NO. : 740877-015	• •
CUSTOMER NO: 7166951	-
DOMESTIC FILING	
NAME: ECOSCAN SOLUTIONS, LLC	
EFFECTIVE DATE:	
ARTICLES OF INCORPORATION	
CERTIFICATE OF LIMITED PARTNERSHIP  XXX ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY	
CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Roxanne Turner - EXT.	

## Articles of Conversion For "Other Business Entity" Into

#### Florida Limited Liability Company

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: ECOSCAN SOLUTIONS, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
06/30/2010 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:
ECOSCAN SOLUTIONS, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Department of State.)
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 2	6th day of July	20_17
Signature of	Authorized Representative of Lim	nited Liability Company:
Signature of A	Authorized Representative:	Stiff for
		[See below for required signature(s)]
Signature:	Same Trade day	
Printed Name	Deborath L. Schiffer-Hoven	Title: Member
Signature:		
Printed Name	:	Title:
Signature:		
Printed Name	: <u> </u>	Title:
Signature:		
Printed Name	;	Title:
Signature:		Title:
Printed Name	·	Title:
Signature:		Title:
Printed Name	· · · · · · · · · · · · · · · · · · ·	title:
If Florida Co	orporation: Chairman, Vice Chairman, Director, or	Officer
	r Officers have not been selected, an li	
If Florida Ge	eneral Partnership or Limited Liabil	lity Partnership:
	one General Partner.	<u>,,, - 113,122 (111)</u>
	mited Partnership or Limited Liabil ALL General Partners.	lity Limited Partnership:
All others: Signature of a	an authorized person.	
Fees:		
Articl	les of Conversion:	\$25.00
	for Florida Articles of Organization:	\$125.00
	fied Copy: ficate of Status:	\$30.00 (Optional) \$5.00 (Optional)
Coltin	nonce of Glatus.	Ψ5.00 (Ορασιαι)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ECOSCAN SOLU			
(	(Must contain the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II	Address:		
The mailing add	ress and street address of th	e principal office of the Limited Liab	oility Company is
Principal Office	e Address:	Mailing Address:	
3745 Davidsky D-	G G: 11 33636		
3243 Dockstoe Dri	ve, Cooper City, FL 33026	3245 Dockside Drive	
		Cooper City, FL 33026	
ARTICLE III - The Limited Liability business entity with	Registered Agent, Registory Company cannot serve as its own Rean active Florida registration.)	Cooper City, FL 33026  ered Office, & Registered Agent's segistered Agent. You must designate an individual	Signature:
ARTICLE III - The Limited Liability business entity with	Registered Agent, Registory Company cannot serve as its own R	Cooper City, FL 33026  ered Office, & Registered Agent's segistered Agent. You must designate an individual	ual or another
ARTICLE III - The Limited Liability business entity with	Registered Agent, Registory Company cannot serve as its own Rean active Florida registration.)	Cooper City, FL 33026  ered Office, & Registered Agent's Segistered Agent. You must designate an individual the registered agent are:	ual or another
ARTICLE III - The Limited Liability business entity with	Registered Agent, Registery Company cannot serve as its own R an active Florida registration.)  The Florida street address of the Corporation Service Companion Corporation Service Companion Service Companion Corporation Service Companion Service Service Companion Service Service Companion Service Servic	Cooper City, FL 33026  ered Office, & Registered Agent's Segistered Agent. You must designate an individual the registered agent are:	ual or another
ARTICLE III - The Limited Liability business entity with	Registered Agent, Registery Company cannot serve as its own R an active Florida registration.)  The Florida street address of the Corporation Service Companion Corporation Service Companion Service Companion Corporation Service Companion Service Service Companion Service Service Companion Service Servic	Cooper City, FL 33026  ered Office, & Registered Agent's Segistered Agent. You must designate an individual the registered agent are:	ual or another
ARTICLE III - The Limited Liability business entity with	Registered Agent, Register of Company cannot serve as its own R an active Florida registration.)  The Florida street address of the Corporation Service Companion No.	Cooper City, FL 33026  ered Office, & Registered Agent's Segistered Agent. You must designate an individual the registered agent are:	ual or another
ARTICLE III - The Limited Liability business entity with	Registered Agent, Register of Company cannot serve as its own R an active Florida registration.)  The Florida street address of the Corporation Service Companion No.	Cooper City, FL 33026  ered Office, & Registered Agent's Segistered Agent. You must designate an individual the registered agent are:  ay ame	ual or another

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.

Oranda Creek
Registered Agent's Signature (REQUIRED)

(CONTINUED)

### ARTICLE IV-

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

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Deborah L. Schiffer-Hoven
	3245 Dockside Drive, Cooper City, FL 33026
	<del>- •</del>
<del></del>	
(Use attachment if necessary)	
(Use attachment if necessary)  CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:	
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes, I am aware the
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document in a sprovided for in s.817.155, F.S.  Deborah L. Schiffer-Hoven	with section 605.0203 (1) (b), Florida Statutes, I am aware the ment to the Department of State constitutes a third degree fek
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document in a sprovided for in s.817.155, F.S.  Deborah L. Schiffer-Hoven	with section 605.0203 (1) (b), Florida Statutes, I am aware the ment to the Department of State constitutes a third degree felograph or printed name of signce
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.  Deborah L. Schiffer-Hoven	with section 605.0203 (1) (b), Florida Statutes, I am aware the ment to the Department of State constitutes a third degree fek