617000181970

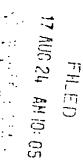
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700302879017

08/24/17--01020--012 **150.00



T. BURCH AUG 2 4 2017

COVER LETTER

TO:	New Filing S Division of C			
SUBJ	ECT:	PHEO IN	THE USA, A	LLC
		(Name of Res	ulting Florida Limited Con	npany)
				d fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Please	return all corr	espondence concerning	g this matter to:	
	1	INDA GAM	BLE	
	PHEO	(Contact Person) IN THE USA (Firm/Company)	1, LLC	
	7936	(Address)	REET	
	MiRAN	MAR, FL	33023	
——————————————————————————————————————	indagan nail Address (to b	nak, FL City, State and Zip Code) wble @emar we used for future annual re	7. COM port notifications)	
For fu	rther informati	on concerning this ma	tter, please call:	
	Name of Conti	GHMBLE (CE) Person)	at (<u>786)</u> <u>2</u> (Area Code) (Day	67-1251 rtime Telephone Number)
Enclo	sed is a check t		int: (All checks process	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion 5 for Articles unization)	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
New I Divisi	EET ADDRES Filing Section ion of Corporat n Building		MAILING A New Filing S Division of C P. O. Box 63	ection Corporations

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

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: $PHEO IN INE USA = LC$
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a PHEO IN THE USA, LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on 10-20-16 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
PHEO IN THE USA, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 8 13 2017. (The effective date: 1) 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; 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

- 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 13 day of August	2017
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Jun Printed Name: LINDA GAMBLE	cla famble Title CHAIRMAN
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature: <u>Junda Jamble</u> Printed Name: <u>Linda Jamble</u>	Title: CHAIRMAN
Signature: Printed Name:	
Signature: Printed Name:	
Signature: Printed Name:	
Signature:Printed Name:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the 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 ALL General Partners.	
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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7936 INDIGU STREET MIRAMAR, FL 33023	7936 INDIGO STREET MIRAMAR, FL 33023
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	
Cynthia Sc	iger -
Name	
2310 E. Su.	periorst
Florida street address (P.O.	
Opa-locka	FL 3305Y
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S

(CONTINUED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager AMBR	LINDA GAMBLE 7936 INDIGO ST MIRAMAR, FL 33023
	the date of filing: (OPTIONAL
CLE V: Effective date, if other than a effective date is listed, the date mu 0 days after the date of filing.) If the date inserted in this block does not ment's effective date on the Department of Sta	est be specific and cannot be more than five business de eet the applicable statutory filing requirements, this date will not be l
CLE V: Effective date, if other than a effective date is listed, the date mu 0 days after the date of filing.) If the date inserted in this block does not ment's effective date on the Department of Sta	est be specific and cannot be more than five business de eet the applicable statutory filing requirements, this date will not be l
CLE V: Effective date, if other than a effective date is listed, the date mu 0 days after the date of filing.) If the date inserted in this block does not ment's effective date on the Department of Sta	est be specific and cannot be more than five business de eet the applicable statutory filing requirements, this date will not be l
CLE V: Effective date, if other than reffective date is listed, the date mu 0 days after the date of filing.) The date inserted in this block does not me not's effective date on the Department of Standard CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the document is executed in a naware that any false info	est be specific and cannot be more than five business determinents the applicable statutory filing requirements, this date will not be late's records.
CLE V: Effective date, if other than a effective date is listed, the date mu 0 days after the date of filing.) If the date inserted in this block does not ment's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memily This document is executed in I am aware that any false inforconstitutes a third degree felo	ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Description of State of

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

ARTICLE IV-