117000191236

(Requestor's Name)
(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:
<u>[</u>]

Office Use Only



300303408943

09/18/17--01015--010 **150.00



SEP 1 4 2017T SCHROEDER

COVER LETTER

TO:	New Filing S Division of C					
en bi	ECT: ARBIL,	•				
SODI	ECT;		sulting Florida L	imited Co	ompany)	
The ci Busine	nclosed Articless Entity" into	es of Conversion, Artic o a "Florida Limited L	cles of Organi iability Comp	zation, a any" in	nd fees are submitted to convert accordance with s. 605.1045, F.	an "Other S.
Please	return all con	espondence concernin	g this matter	.o:		
ERIC N	4. SAUERBERG	1				
		(Contact Person)				
ERIC N	4. SAUERBERG	, P.A.				
		(Firm/Company)				
200 VII	LLAGE SQUAR	E CROSSING, SUITE 102	!			
		(Address)				
PALM	BEACH GARDI	ENS, FL 33410				
	(City, State and Zip Code)				
ERIC@	EMSATTORNE	YS.COM				
E-m	ail Address: (to b	oe used for future annual re	port notification	s)		
For fu	ther informati	on concerning this ma	tter, please ca	II:		
ERIC M	f. SAUERBERG		_at (⁵⁶¹	776-	0330	
	(Name of Conta	ct Person)	(Area Co	de) (Da	ytime Telephone Number)	
		or the following amou a bank located in the			sed by this office must be payab	ole in US
(\$25 for	.00 Filing Fees Conversion for Articles nization)	☐S155.00 Filing Fees and Certificate of Status	□\$180.00 Fil and Certified C		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status	
STRE	ET ADDRES	S:	MA	ILING A	ADDRESS:	
	ling Section			Filing S		
	n of Corporati	ions			Corporations	
Clifton	Building		Р. О	. Box 63	27	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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: ARBIL, INC.
(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.
(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)
FEBRUARY 6, 1996
FEBRUARY 6, 1996 on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
ARBIL, 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 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 "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 18 day of Augu	20.17
Signature of Authorized Representative	
Signature of Authorized Representative: Printed Name: STACEY PODRADCHIK	Stany Pochaclchik Title: PRESIDENT
Signature(s) on behalf of Other Business	Entity: [See below for required signature(s)]
Signature: STACEY PODRADCHIK	OCUCICALIC Title: MANAGER
Printed Name:	Title:
Signature:	Title:
Printed Name:	Title:
Signature:	Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Dit If Directors or Officers have not been select	
If Florida General Partnership or Limite Signature of one General Partner.	d Liability Partnership:
If Florida Limited Partnership or Limite Signatures of ALL General Partners.	d Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	,T.
A windows of Colombia	#25.00

Articles of Conversion: \$25.00
Fees for Florida Articles of Organization: \$125.00
Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)

17 SEP 13 24 9:25

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARBIL, LLC	
	ed Liability Company, "L.L.C.," or "LEC.")
ARTICLE II - Address:	
The mailing address and street address of	If the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
355 HIATT DRIVE	355 HIATT DRIVE
SUITE C	OURTE O
. 1.21	SUITIE C
PALM BEACH GARDENS, FL 33418 ARTICLE III - Registered Agent, Reg	PALM BEACH GARDENS, FL 33418 eistered Office, & Registered Agent's Signature:
PALM BEACH GARDENS, FL 33418 ARTICLE III - Registered Agent, Reg	PALM BEACH GARDENS, FL 33418 gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
PALM BEACH GARDENS, FL 33418 ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)	PALM BEACH GARDENS, FL 33418 distered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:
PALM BEACH GARDENS, FL 33418 ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	PALM BEACH GARDENS, FL 33418 distered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:
PALM BEACH GARDENS, FL 33418 ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	PALM BEACH GARDENS, FL 33418 distered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are: K Name
PALM BEACH GARDENS, FL 33418 ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address STACEY PODRADCHI 355 HIATT DRIVE, SU	PALM BEACH GARDENS, FL 33418 distered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are: K Name
PALM BEACH GARDENS, FL 33418 ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address STACEY PODRADCHI 355 HIATT DRIVE, SU	PALM BEACH GARDENS, FL 33418 distered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are: K Name ATE C SS (P.O. Box NOT acceptable)

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..

Stacy Poarad Chuk Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager				
MGR	STACEY PODRADCHIK			
	355 HIATT DRIVE, SUITE C		_	
	PALM BEACH GARDENS, FL. 33418			
			_	
		- ; ;		
		÷.,	— <u>-</u> :	•
		· .		
				•
			ــــــ حي	• -
(II., n. 1 - 425 - 3		윤감	- KG - KG	
(Use attachment if necessary) CLE V: Effective date, if other than the	date of filing:	OPTI	S: Onal	.)
ICLE V: Effective date, if other than the confective date is listed, the date must be 90 days after the date of filing.) If the date inserted in this block does not meet the ent's effective date on the Department of State's	date of filing: De specific and cannot be more than five the more than five the applicable statutory filing requirements, this described in the statutory filing requirements.	ve busin	ONAL	ys p
ICLE V: Effective date, if other than the of effective date is listed, the date must be 90 days after the date of filing.) If the date inserted in this block does not meet the theorem of State's effective date on the Department of State's ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member. This document is executed in acc 1 am aware that any false informate.	De specific and cannot be more than five applicable statutory filing requirements, this derecords. De an authorized representative of a recordance with section 605.0203 (1) (b), Florida Stion submitted in a document to the Department	nember	ONAL less da	ys į
ICLE V: Effective date, if other than the confective date is listed, the date must be 90 days after the date of filing.) If the date inserted in this block does not meet the lent's effective date on the Department of State's ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member. This document is executed in acc	De specific and cannot be more than five applicable statutory filing requirements, this derecords. De an authorized representative of a recordance with section 605.0203 (1) (b), Florida Stion submitted in a document to the Department	nember	ONAL less da	ys p

ARTICLE IV-

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)