# 1700247524

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies C	Certificates of Status
Special Instructions to Filing C	Officer.

Office Use Only

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# Filing Cover Sheet

To: Florida Division of Corporations

From: Kim Tadlock C/O Capitol Services, Inc.

Date: 12/1/2017

Trans#: 945752

## **Entity Name:**

# PIM TEN CORPORATION CONVERTING INTO PIM TEN LLC

Articles Incorporation ( ) Articles of Amendment ( )

Articles of Dissolution ( ) Annual Report ( )

Conversion (XX ) Fictitious Name ( )

Foreign Qualification ( ) Limited Liability ( )

Limited Partnership () Merger ()

Reinstatement ( ) Withdrawal / Cancellation ( )

Other ()

## STATE FEES PREPAID WITH CHECK#1117 FOR \$180.00

### PLEASE RETURN:

Certified Copy (XX ) Plain Photocopy ( )

Good Standing () Certificate of Fact ()



Phone: 855-498-5500

#### **Articles of Conversion**

For

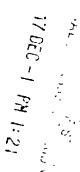
#### "Other Business Entity"

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:  PIM TEN CORPORATION  (PIGALOHILLO)
(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.)
First organized, formed or incorporated under the laws of
MAY 18, 2016  (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
PIM TEN 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 14th day of NOVEMBER	
Signature of Authorized Representative of Limi	ted Liability Company;
Signature of Authorized Representative:	TA
Printed Name: THEODORE STOUNER	Title: DIRECTOR
Signature(s) on behalf of Other Business Entity:  Signature:  Printed Name: THEODORE STOUNER	[See below for required signature(s)]
Printed Name: THEODORE STOHNER	Title: MANAGER
Signature:Printed Name:	Til
Printed Name:	
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	This
Printed Name:	rue:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	<u>ty Partnership:</u>
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

10EC-1 PH 1: 230 /

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

ARTICLE I - Name:		
The name of the Limited Liability Company is:	:	
PIM TEN LLC		
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liabilit	y Company is
Principal Office Address:	Mailing Address:	
12550 BISCAYNE BLVD.	12550 BISCAYNE BLVD.	
#110	#110	
NORTH MIAMI, FL 33181	NORTH MIAMI, FL 33181	
The name and the Florida street address of the  ANTONIO REGOJO  Nam  12550 BISCAYNE BLVD., #11	ne 10	
Florida street address (P.C		
NORTH MIAMI	FL 33181	
City	Zip	
Having been named as registered agent and liability company at the place designated tregistered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby accept the appacity. I further agree to co <mark>mply with the</mark> performance of my duti <mark>es, and I am fam</mark>	xointment as provisions of all iliar with and
Q - P		7.5
Registered Agent's Sig	-	7 DEC -1
(CONTI	11000)	1 PH 1:21
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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MANAGER	THEODORE STOHNER
	12550 BISCAYNE BLVD., #110
	NORTH MIAMI, FL. 33181
(Use attachment if necessary)	
LE V: Other provisions, if any.	
	<del></del>

TIV

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

THEODORE STOHNER, MEMBER

Typed or printed name of signee

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