117000260979

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

Office Use Only



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COVER LETTER

TO:	New Filing Se Division of Co			
CHDI	R.M.F Ger	neral Services LLC		
SUBI	EC1:	(Name of Res	ulting Florida Limited C	ompany)
The e Busin	nclosed Articles ess Entity" into	of Conversion, Articl a "Florida Limited Li	les of Organization, ability Company" in	and fees are submitted to convert an "Othe accordance with s. 605.1045, F.S.
Please	e return all corre	espondence concerning	g this matter to:	
Suely	Oliveira			
_		(Contact Person)		
TaxPla	ice	<u></u>		
		(Firm/Company)		
1660 \	V Hillsboro Blvd			
		(Address)		
Deerfi	eld Beach, FL 334-	12		
	•	City, State and Zip Code)		
	gtaxplace.com			
E-1	nail Address: (to b	e used for future annual re	port notifications)	
For fi	arther information	on concerning this ma	tter, please call:	
Sebasi	iao Moreira			666-9003
	(Name of Conta	et Person)	(Area Code) (I	Daytime Telephone Number)
		or the following amou a bank located in the		essed by this office must be payable in US
(\$25 fo & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	■\$155,00 Filing Fees and Certificate of Status	□\$180.00 Filing Fee and Certified Copy	S S185.00 Filing Fees. Certified Copy, and Certificate of Status
New Divis Clifto 2661	EET ADDRESS Filing Section ion of Corporat on Building Executive Cent hassee, FL 323	ions er Circle	New Filing Division o P. O. Box	f Corporations

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: R.M.F. General Services 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)
on 05/21/2 017 2.19 (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:
R.M.F General Services 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 30th day, of November_	
Signature of Authorized Representativ	e of Limited Liability Company:
Signature of Authorized Representative:	
Signature of Authorized Representative: Printed Name: Sebastiao Moreira	Title: MGR
Signature(s) op behalf of Other Business	SEntitys [See below for required signature(s)]
Signature: Y. H. M. Printed Name Schastiao Moreira	16.
Printed Name Schastiao Moreira	Title: President
Signature:/	
Printed Name:	Title:
Cina nt. ma	
Printed Name:	Title:
1 Hitted Name	
Signature:	
Printed Name:	Title:
0.	
Signature:	Title:
rinted Name:	
Signature:	
Printed Name:	Title:
If Florida Corporation:	·
Signature of Chairman, Vice Chairman, D If Directors or Officers have not been sele-	
If Directors of Officers have not been sele-	eteu, an meorporator must sign.
If Florida General Partnership or Limit	ed Liability Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limit	ed Liability Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Orga	
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

• • •

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
R.M.F General Services LLC (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Pompano Beach, FL 33064	Pompano Beach, FL 33064
business entity with an active Florida registration.) The name and the Florida street address of the respective Sebastiao Moreira	
Name	
Florida street address (P.O.	Box NOT acceptable)
Pompano Beach City	FL 33064 Zip
Having been named as registered agent and to 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 service of process for the above stated limited this certificate. I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and existered agent as provided for in Chapter 605, F.S

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Sebastiao Moreira
	1821 NE 39th Street
	Pompano Beach, FL 33064

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED STGNATURE:

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.

Moreira
Typed or printed name of signee

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)