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SECRETANT OF STATISTANCE ANAMASSEE. FLORID

FEB 0 7 2019 T SCHROEDER

## COVER LETTER

TO:	New Filing Sec Division of Cor				·
SUBJ	ECT:	AOS SERVICE (Name of Res	ulting Florida Limited Comp	pany)	
The e Busin	nclosed Articles ess Entity" into a	of Conversion, Articl a "Florida Limited Li	les of Organization, and ability Company" in ac	fees are submitted to corcordance with s. 605,1045	evert an "Other 5. F.S.
Please	e return all corres	spondence concerning	g this matter to:		 
S	ANDRA A	CCS CORP.			
		(Firm/Company)  (Address)			
<u>Ki</u>	ssimmee,	FL 34746 ity, State and Zip Code)			i
_A0S E-	Services Co mail Address: (to be	e used for future annual re	port notifications)		
For f	urther informatio	on concerning this ma	tter, please call:		
_Se	(Name of Contact	z e v e d o ct Person)	_at ( <u>321</u> ) <u>43</u> (Area Code) (Day	time Telephone Number)	1
Encl dolla	osed is a check for rs and drawn on	or the following amou a bank located in the	unt: (All checks process United States)	sed by this office must be	payable in US
(\$25 : & \$12	50.00 Filing Fees for Conversion 25 for Anicles ganization)	S155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status	
New Divi Clift	EET ADDRESS Filing Section sion of Corporati on Building Executive Cent	ions	MAILING A New Filing S Division of C P. O. Box 63 Tallahassee,	ection Corporations 27	;

Tallahassee, FL 32301

#### **Articles of Conversion**

For

### "Other Business Entity"

lnto

#### 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:  AOS Services Corp + 10 - 11 (5)  (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 FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)
on 3/1/2016 (date of drganization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
AOS Services LLC. (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 115/2018  (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.
18 FEB -6 AMIO

Signed this day of	_ 20 <u>_ <i>18</i></u>		
Signature of Authorized Representative of Limi	ted Liability Company:		
Signature of Authorized Representative: Annual Azevedo	Title: PRESIDENT		
Signature(s) on bonalf of Other Business Entity: [	See below for required signature(s)]		
Signature Viji (Viji) Printed Name: Osva do Azevedo	Title: Vice President		
Signature:Printed Name:			
Signature: Printed Name:			
Signature:			l
Printed Name:	Title:		
Signature:Printed Name:	Title:		
Signature:Printed Name:	ov.		
Printed Name:	I itle:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	<b></b>	18 FE8	'n
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership: 영화 인기 및	-6 A	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ry Limited Partnership:	H 10: 56	Ü
All others: Signature of an authorized person.	<b>4</b> );		Į,
Fees:			1
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

The name of the Limited Liability Comp  AOS Seevices LLC	· ·
(Must contain the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2709 KINSEY DRIVE	2709 KINSEY DR
Kissimmee, FL 34746	Kissinnee, FL 34746
ARTICLE III - Registered Agent, Reg	gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or amother
ARTICLE III - Registered Agent, Reg	gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or author of the registered agent are:
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.)	gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:  Azevedo Name
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.)  The name and the Florida street address  SANDRA	gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or amother of the registered agent are:

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager "AMBr"	< 0.55
HMIDE	SANDRA Hzevedo
	2709 KINSEY DR. MISSIMMER, FL 34746
	F113311011048, 1-12 34144
"MGR"	Osvaldo Azevedo
	2709 KINSEY DR.
	KISSIMMU, FL 34746
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LE V: Other provisions, if any.	
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DECLIDED CLCNIATUDE	
REQUIRED SIGNATURE:	,
REQUIRED SIGNATURE:	24.4
Soundra As	Mn authorized representative of a member
Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am awar
Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am awarment to the Department of State constitutes a third degree
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b). Florida Statutes, I am awar ment to the Department of State constitutes a third degree
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605,0203 (1) (b) Florida Statutes, Lam awar

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)