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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Ellis, Harris)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

D O'KEEFE FEB 2 1 2018

W18-15541



February 15, 2018

DOUGLAS H. ROSEN FIELD SERVICE PROFESSIONALS, INC. 3630 NW 85TH WAY, STE. 101 SUNRISE, FL 33351

SUBJECT: FIELD SERVICE PROFESSIONALS, LLC.

Ref. Number: W18000015541

We have received your document for FIELD SERVICE PROFESSIONALS, LLC. and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A complete street address should be listed for the principal office address on the Articles of Organization, Article II.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 618A00003307

DANIEL L O'KEEFE Regulatory Specialist II

www.sunbiz.org

Division DO DOV (2007 Mallaharra Elasida 202

COVER LETTER

SUBJECT: Field Service Professionals, LLC. (Name of Resulting Florida Limited Company) The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Othe Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all correspondence concerning this matter to: Douglas H. Rosen (Contact Person) Field Service Professionals, Inc. (Firm/Company) 3630 NW 85th Way, Suite #101 (Address) Sunrise, FL 33351 (City, State and Zip Code) admin@asapitresourcegroup.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: admin@asapitresourcegroup.com (Name of Contact Person) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) \$\text{\$\text{\$\sum{9}\$}\$}\$\$ \$\text{\$\sum{3}\$}\$\$ \$\text{\$\sum{3}\$}\$\$ \$\text{\$\sum{5}\$}\$\$ \$\text{\$\sum{5}\$}\$\$ \$\text{\$\sum{6}\$}\$\$ \$\te	TO:	New Filing S Division of C		·	- step:	
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Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all correspondence concerning this matter to: Douglas H. Rosen			(Name of Res	sulting Florida Limited C	Company)	
Douglas H. Rosen (Contact Person) Field Service Professionals, Inc. (Firm/Company) 3630 NW 85th Way, Suite #101 (Address) Sunrise, FL 33351 (City, State and Zip Code) admin@asapitresourcegroup.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: admin@asapitresourcegroup.com (Name of Contact Person) at (954) 554-6776 (Name of Contact Person) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) \$\int \frac{1}{3}\$\$ \$150.00 \text{ Filing Fees} and Certificate of Status of Organization) STREET ADDRESS: MAILING ADDRESS: New Filing Section Division of Corporations						
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2661 Executive Center Circle Tallahassee, FL 32314		_	er Circle			

Tallahassee, FL 32301

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:

Field Service Professionals, 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.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
2/12/18 on
On (date of organization, formation or incorporation)
Field Service Professionals, LLC. (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 2/12/18
(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 16 PM 4: 21
SECRETARY OF STATE
TAIL AHASSEE, FLORID



Signed this 12 day of February	20_18
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:	Title: Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Number 1. Vorus Printed Name: Douglas H. Rosen	
Printed Name: Douglas H. Rosen	Title: President
Signature:Printed Name:	·
Printed Name:	Title:
Signature:Printed Name:	T'A
Signature: Printed Name:	Title
	•
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer. corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	ity Partnership:
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: "Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

18 FEB 16 PM 4: 21
SECRETARY OF STATE
TALLAHASSEE, FLORID

LED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Com	pany is:	
Field Service Professionals, LLC.		
(Must contain the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	of the principal office of the Limited	d Liability Company is:
Principal Office Address:	Mailing Address:	
Field Service Professionals, LLC.		
3630 NW 85 Way, Suite #101		
Sunrise, FL 33351		
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address	wn Registered Agent. You must designate an i	ndividual or another
Douglas H. Rosen		FAH.
	Name	16 AKX
3630 NW 85 Way, Suite	#10l <u>,</u>	
Florida street addre	ss (P.O. Box NOT acceptable)	5 t
Sunrise	FL 33351	RIDA RIDA
City	Zip	6,0

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 (REOUIRED)

(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	5 L W 5	•				
MGR	Douglas H. Rosen					
	3630 NW 85 Way, Suite #101					
	Sunrise, FL 33351	· 				
						
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(Use attachment if necessary)		<i>m</i> −<				
		S. F.				
TICLE V: Other provisions, if any.		RPA N				
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·						
<u>REQUIRED</u> SIGNATURE:						
Yours of 2	vw					
Signature of a member or a	Signature of a member or an authorized representative of a member					
This document is executed in accordance any false information submitted in a document of the submitted in accordance and submitted	with section 605.0203 (1) (b), Florida:	Statutes. I am aware that				
as provided for in s.817.155, F.S.		.,,				
Douglas H. Rosen						
	ped or printed name of signee					
7 1	Riling Rose					

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)