# LISODOOSSUZZ

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500296946305

03/27/17==01023==013 \*\*150.00



## **COVER LETTER**

TO: New Filing Se Division of Co			
Division of Co	nporations	of the	
SUBJECT:	OU Prazeh	PCS ILLC'	namy)
	(Name of Resu	ming Florida Elimied Com	parry)
The enclosed Articles Business Entity" into	of Conversion, Article a "Florida Limited Lia	es of Organization, and ability Company" in ac	I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corre	spondence concerning	this matter to:	
Adrian	(Contact Person)		
Oon G	iusennės "L	LCI	
	(Firm/Colmpany)		
<u>1911 5W</u>	MG ave		
	(Address)		
Miramar	FL 33040 City, State and Zip Code)	<u> </u>	
(C	City, State and Zip Code)	· 1	
- Harianther	yes462an gmo	"r. com	
E-mail Address: (to be	e used for future annual rep	ort notifications)	
For further information	on concerning this mat	ter, please call:	
Advison Meur	25	_at ( <u>954</u> ) <u>377</u> (Area Code) (Day	1-2913
(Name of Conta	ct Person)	(Area Code) (Day	time Telephone Number)
Enclosed is a check for dollars and drawn on	or the following amount a bank located in the U	nt: (All checks process Jnited States)	ed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	☐S180.00 Filing Fees and Certified Copy	☐S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MAILING A	
New Filing Section		New Filing S	
Division of Corporat	ions	Division of C P. O. Box 63	
Clifton Building 2661 Executive Cent	er	Tallahassee,	

32301

Circle Tallahassee, FL

## 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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of Floriza.  (Enter state, or if a non-U.S. entity, the name of the country)
on(date of organization, formation or incorporation) (Enter state, or if a non-o.s. entity, the name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization  On Guspes (LLC)  Enter Name of Florida Limited Liability Company)
(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.
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	day of	
Signature o	of Authorized Representative of Lim	ited Liability Company:
Signature of	Authorized Representative: Adm.	News
Signature(s	on behalf of Other Business Fatity	
Signature	Falle Min	
	c: Adium Mayby	
Signature:		Title:
Timed Nam	C:	Title:
Signature:		
Printed Nam	c:	_ Title:
Signature: _		
Printed Nam	e:	_ Title:
Printed Nam	e:	Title:
Printed Nam	e:	Title:
<u>If Florida C</u>		
Signature of	orporation: Chairman, Vice Chairman, Director, or (	Officer
If Directors of	or Officers have not been selected, an inc	orporator must sign.
If Florida G	eneral Partnership or Limited Liabilit	n Pontmuntin
Signature of	one General Partner.	<u>Cartnersmp:</u>
If Florida Li Signatures of	mited Partnership or Limited Liabilit ALL General Partners.	v Limited Partnership:
All others: Signature of:	an authorized person.	
Fees:		
	les of Conversion:	\$25.00
	for Florida Articles of Organization:	\$125.00
	fied Copy: ficate of Status:	\$30.00 (Optional) \$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Don Finselli	ain the words "Limit	ted Liabil	ity Comp	any, "L.L.C.	," or "LLC.")	
ARTICLE II - Addres The mailing address and		of the j	princip	al office (	of the Limite	d Liability Company
Principal Office Addre	ess:		Ma	iling Ado	dress:	
	1911 SW	176	ave	Miran	nc. FL	
			_			
		<del></del>			<del> </del>	
(The Limited Liability Companbusiness entity with an active) The name and the Florida.	Florida registration.)	s of the				individual or another
	Adrian	(hec	<u>λ</u> ες.			
	Adrian	Nar	<u>Λ</u> υς. me			
Flo	orida street add	ress (P.	O. Box	NOT ac	ceptable)	
Flo		ress (P.	O. Box	NOT ac	ceptable)	

Registered Agent's Signature (REQUIRED)

 $e^{-\frac{1}{2}(\frac{1}{2}+\frac{1}{2})} e^{-\frac{1}{2}(\frac{1}{2}+\frac{1}{2})} e^{-\frac{1}{2}(\frac{1}{2}+\frac{1}{2})}$ 

	D'	r.	/ 11	r	T 3.7
Λ	ĸ		CI	<b> </b>	1 V -

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	
	<del></del>
	<del></del>
	<u></u>
/	
(Use attachment if necessary)	
(Ose attachment it necessary)	
ARTICLE V: Effective date, if other tha	n the date of filing: (OPTIONAL)
If an effective date is listed, the date m	nust be specific and cannot be more than five business days
orior to or 90 calendar days after the days	ate of tiling.) seet the applicable statutory filing requirements, this date will not be listed as the
ocument's effective date on the Department of St	tate's records.
ARTICLE VI: Other provisions, if any.	
TRICLE VI. Other provisions, if any.	
REQUIRED SIGNATURE:	σλ. Λ.
<u>KEYOMED</u>	3000 IM
	d in december
This document is executed	nber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false in	formation submitted in a document to the Department of State
constitutes a third degree te	elony as provided for in s.817.155, F.S.
7001	Typed of 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)