L18 0000 76856

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

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COVER LETTER

Division of Corporations		
SUBJECT: JZ U Universal Services, LLC		
	ılting Florida Limite	ited Company)
Business Entity" into a "Florida Limited Lia	ability Company'	
Please return all correspondence concerning	this matter to:	•
Daniel W. Hartman		
(Contact Person)		-
Hartman Law Firm, P.A.		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
(Firm/Company)		10 + CR
207 W. Park Ave., Suite A		HASS
(Address)		SEE SEE
Tallahassee, FL 32301		FILED IR 28 PH 1 ASSEE, FLO
(City, State and Zip Code)		FILED 200 HAR 28 PM 4: 28 SECRETARY OF STATE ALLAHASSEE, FLORID.
dan@FLLegalteam.com		_ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
E-mail Address: (to be used for future annual rep-	ort notifications)	
For further information concerning this matt	ter, please call:	
Dan Hartman	_at (<u>850</u>)) ⁴⁴³⁻¹⁷⁵⁴
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amoundollars and drawn on a bank located in the U		processed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing I and Certified Copy	
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL	New Fil Divisior P. O. Bo	ING ADDRESS: Filing Section on of Corporations Box 6327 assee, FL 32314

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.

JZ U Universal Services, Inc.	OII CCC 47.516
(Er	nter Name of Other Business Entity)
2. The "Other Business Entity" is	Corporation .
•	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorpo	rated under the laws of Florida
May 18, 2011	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or in	corporation)
3. The name of the Florida Limite	ed Liability Company as set forth in the attached Articles of Organization:
JZ U Universal Services, LLC	
(Enter Name	e of Florida Limited Liability Company)
after the date this document is fi the effective date listed in the att Note: If the date inserted in this block do document's effective date on the Departm	e prior to date of receipt or filed date nor more than 90 calendar days led by the Florida Department of State; AND 2) must be the same as tached Articles of Organization, if an effective date is listed therein.) best not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
5. The plan of conversion has beer	approved in accordance with all applicable statutes.
	ss Entity" has agreed to pay any members having appraisal rights the amount to under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 27 day of March	_ 20_18	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Printed Name: Petr Trejbal	Title: Manager	-
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]	
Signature:		_
Printed Name: Petr Trejbal	Title: President/Incorporator	-
Signature:		_
Signature: Printed Name:	Title:	-
Signature: Printed Name:		-
Printed Name:	Title:	-
Signature: Printed Name:	PRIVATE.	•
Printed Name:	1111e:	
Signature:Printed Name:	Title:	-
Signature:Printed Name:	_ Title:	- -
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		
		26 28
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:	CRET
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	28 PH 28 PH ARY OF S SSEE, FL
All others: Signature of an authorized person.		PH 4: 28 OF STATE FLORIDA
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)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	. •	
The name of the Limited Liability Compan	y is:	
JZ U Universal Services, LLC		
(Must contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	ne principal office of the Limited I	Liability Company is:
•	•	
Principal Office Address:	Mailing Address:	
11411 Wingate Road North	11411 Wingate Road North	
Jacksonville, FL 32218	Jacksonville, FL 32218	
(The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.) The name and the Florida street address of		_
Hartman Law Firm, P.A.		2018 F
	Name	HAR 28 CRETARY AHASSE
1	Name	FILED AR 28 PM ETARY OF S MASSEE, FL
207 W. Park Ave., Suite A	207 W. Park Ave., Suite A	
Florida street address (P.O. Box NOT acceptable)		ED Ph 4: 28 Of Siate S. Flore
Tallahassee	FL 32301	28
City	Zip	- t. — —
·	_	

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)

Daniel W. Herman

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager				
MGR	Petr Trejbal			
-	11411 Wingate Road North			
	Jacksonville, FL 32218			
AMBR	Svatava Trejbal			
	11411 Wingate Road North			
	Jacksonville, FL 32218			
AAAAAAAA AAAAA AAAAAAA				
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		<u> </u>		
	——————————————————————————————————————	<u> </u>		
(Use attachment if necessary)	H 4: 2 FI ORU			
RTICLE V: Effective date, if other than the	± 1,14 € 60 ×	ONAL)		
· · · · · · · · · · · · · · · · · · ·	t be specific and cannot be more than five busin	,		
ior to or 90 calendar days after the date	of filing.) the applicable statutory filing requirements, this date will not	·		
RTICLE VI: Other provisions, if any.				
REQUIRED SIGNATURE:				
This document is executed in a I am aware that any false inform	ccordance with section 605.0203 (1) (b), Florida Statutes. nation submitted in a document to the Department of State vas provided for in s.817.155, F.S.			
Petr Trejbal				

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)