# 118000251337

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

TO: New Filing So Division of C				
SUBJECT:	POLANCO SERV	lices tnc		
	(Name of Resi	ulting Florida Limited Con	ipany)	
			d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.	
Please return all corre	espondence concerning	g this matter to:		
MARIA MADALENJE	CALDAS - WPES (Contact Person)			
MADE IN BR	NZIL SERNICES (Firm/Company)			
12811 KENWOOD	LANE STE 208 (Address)			
	ORIDA 33907 City, State and Zip Code)			
MAREINBRAZILSERAGES E-mail Address: (to b	© HTHRic. CCM e used for future annual rep	port notifications)		
For further information	on concerning this mat	ter, please call:		
MFRIA MANAGENA CAT (Name of Conta		_at ( <u>239</u> ) <u>3</u> (Area Code) (Day	E.2 - 3121 time Telephone Number)	
	or the following amou a bank located in the l	•	sed 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 Fees and Certified Copy	S185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS	S:	MAILING A	ADDRESS:	
New Filing Section		New Filing Section		
Division of Corporat	ions	Division of Corporations		
Clifton Building	0: 1	P. O. Box 633		
2661 Executive Cent	er unrete	Tallahassee l	"I. 1/114	

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:  POLANCO ERVICES INC. — 18832
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>(INC.) INCOR POR ATED</u> (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. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
POLANCE SERVICES LUC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: OF ON 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.

ed Liability Company:  Doco  Title: MGR	
Title: MGR	
Title: MGR	
	-
See below for required signature(s)]	
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Officer. orporator must sign.	
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y Limited Partnership:	
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\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	TROCT 26 AMIL
	S25.00 \$125.00 \$30.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
POLANCO SERVICES LL	<u>C</u>		<u>.</u>
(Must contain the words "Limited Liability	Company, "	'L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the print	ncipal off	fice of the Limit	ed Liability Company is:
Principal Office Address:	Mailing	Address:	
2731 SE STH PLACE	2+31 5€	STH PLACE	
CAPE CORAL, FL . 33904	CAPE CO	RAL FL - 33904	4
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	red Agent, Y	í ou must designate a	
The name and the Florida street address of the re	gistered a	agent are:	
MADE IN BRAZIL S	<del>e</del> Ruices		
Name			
12811 YEN WOOD LANE S Florida street address (P.O.		T acceptable)	
FORT MYERS	FL	339C¥	
FORT MYERS City		3390 <del>1</del> Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete paracept the obligations of my position as regional accept the obligations of my position.	this certif ty. I furth erformand istered ag	icate, I hereby a ver agree to comp ce of my duties, o vent as provided	ccept the appointment as ply with the provisions of al and I am familiar with and
Registered Agent's Signa	uure (RE	QUIKED)	18
(CONTINU	JED)		F11. F1

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager MGR	Felicia Polanco			
	2731 St 8th Picke			
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<del></del>				
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	: 35			
(Use attachment if necessary)				
(4,	gg m = III   Site in the site			
CLE V: Other provisions, if any.	· ,			
REQUIRED SIGNATURE:				
Telina Harri				
	an authorized representative of a member			
This document is executed in accordance	with section 605,0203 (1) (b), Florida Statutes, I am aware tha			
any false information submitted in a docu as provided for in s.817.155, F.S.	iment to the Department of State constitutes a third degree felon			
te	licia rolanco			
	ped or printed name of signee			
	Filing Fees			

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

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

ARTICLE IV-

Company: