L1900017366

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only

M. MOON JAN 1 8 2013



600322002006

01/11/19--01012--030 **150.00

PILED

9 JAN I I PH 5: 3

ECRETABY OF SITE

7

COSTELLO & WICKER, P.A.

ATTORNEYS AT LAW

Voice (239) 939-2222

• Facsimile (239) 939-2280

John M. Wicker, P.A., Managing Attorney Also member of Florida Institute of Certified Public Accountants

Brittany Professional Centre 12670 New Brittany Blvd., Suite 101 Fort Myers, FL 33907

Truman J. Costello, P.A., 1949 - 2011

Mailing Address Post Office Drawer 60205 Fort Myers, FL 33906-6205

January 7, 2019

Florida Department of State New Filing Section Division of Corporations PO Box 6327 Tallahassec, FL 32314

Sent By:

Certified Mail Return Receipt Requested No. 7017 3040 0000 1869 4817

JPT Group of SWFL, LLC Re:

Conversion from Wyoming LLC to Florida LLC

Dear Sir/Madam:

Attached please find the following corrected documents/forms:

Articles of Conversion for JPT GROUP, LLC. 1.

Certificate of Status for JPT GROUP, LLC from the Wyoming Secretary of State 2.

Articles of Organization for JPT GROUP OF SWFL, LLC 3.

Our firm's check #8035 for \$150.00 which includes \$25.00 for the Articles of 4. Domestication and \$125.00 for the Articles of Organization.

Should you have any questions or concerns regarding these documents, please do not hesitate to contact my office directly.

Thank you for your time and attention to this matter.

Very Trut

John M. Wicke

For the Firm

Direct Dial: (239) 690-4265

E-mail:

jwicker@lawcrw.com

Enclosures:

As Noted Above

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.

| | (Enter Name of Other Business Entity) |
|---|---|
| 2. The "Other Business Entit | y' is a LIMITED LIABILITY COMPANY Example: corporation, limited partnership, general partnership, common law or business trust, etc. |
| (Enter entity type. F | Example: corporation, limited partnership, general partnership, common law or business trust, etc. |
| First organized, formed or inc | corporated under the laws of |
| JULY 5, 2016 on | |
| (date of organization, formation | n or incorporation) |
| 3. The name of the Florida L | imited Liability Company as set forth in the attached Articles of Organization: |
| JPT GROUP OF SWFL, LLC | |
| (Enter | Name of Florida Limited Liability Company) |
| 4. If not effective on the date | UPON FILING |
| | |
| (The effective date: Cannot the date this document is fil | be prior to date of receipt or filed date nor more than 90 calendar days after led by the Florida Department of State.) ock does not meet the applicable statutory filing requirements, this date will not be listed as the |
| (The effective date: Cannot the date this document is fil Note: If the date inserted in this bloocument's effective date on the Document's effective date. | be prior to date of receipt or filed date nor more than 90 calendar days after led by the Florida Department of State.) ock does not meet the applicable statutory filing requirements, this date will not be listed as the |
| (The effective date: Cannot the date this document is fil Note: If the date inserted in this ble document's effective date on the Destruction of Conversion has 6. The "Converted or Other But | be prior to date of receipt or filed date nor more than 90 calendar days after led by the Florida Department of State.) ock does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records. |

| Signed this 7TH day of JANUARY | 20_19 |
|---|--|
| Signature of Authorized Representative of Limi | ted Liability Company: |
| Signature of Authorized Representative: Printed Name: JAN SKOLIL | Title: MANAGER |
| Signature(s) on behalf of Other Business Entity: | |
| Signature: Jan Ghalil | |
| Printed Name: JAN SKOLIL | Title: MANAGER |
| Signature:Printed Name: | |
| Printed Name: | Title: |
| Signature: | |
| Signature: Printed Name: | Title: |
| 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 Inc | corporator must sign. |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: |
| If Florida Limited Partnership or Limited Liability 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) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| AR1 | Π(| Ľ | ΕI | - | N | :1 | m | e | : |
|-----|----|---|----|---|---|----|---|---|---|
|-----|----|---|----|---|---|----|---|---|---|

The name of the Limited Liability Company is:

JPT GROUP OF SWFL, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address: |
|---------------------------|----------------------|
| c/o PETRA SVOBODOVA | c/o PETRA SVOBODOVA |
| 5740 SANDPIPER PL | 5740 SANDPIPER PL |
| FORT MYERS, FL 33919 | FORT MYERS, FL 33919 |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

| JOHN M. WICKER | |
|---------------------------|---------------------------------|
| No | ime |
| 12670 NEW BRITTANY BL | VD, SUITE 101 |
| Florida street address (I | P.O. Box <u>NOT</u> acceptable) |
| FORT MYERS | FL 33907 |
| City | Zip |

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. Thereby 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)

ARTICLE IV-

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

| "AMBR" = Authorized Member | |
|----------------------------------|--------------------------------|
| "MGR" = Manager | |
| MGR | JAN SKOLIL |
| | POD LESIKEM 389 |
| | BRANDYSEK 27341 CZECH REPUBLIC |
| MGR | PAVLA VITTOVA |
| | POD LESIKEM 389 |
| | BRANDYSEK 27341 CZECH REPUBLIC |
| MGR | TADEAS SKOLIL |
| | POD LESIKEM 389 |
| | BRANDYSEK 27341 CZECH REPUBLIC |
| · | |
| | |
| (Use attachment if necessary) | NEW Y |
| CLE V: Other provisions, if any. | न्त्री <u>द</u> ूर वर्ष |
| | 23: |
| | |

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

JAN SKOLIL

Typed or printed name of signee

Filing Fees