# L19000030013

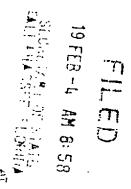
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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## **CT CORP**

### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate:	2/1/2019	
		Acc#I20160000072	a: DW
Name:	PIONEER S	SERVICES, INC.	
Document #:		- ·	
Order #:	11399429 L	INE 5	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:  Number of Certs:	
Filing: 🚺	Certified: Plain: COGS:	✓	
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: 5	\$ 185.00	

Thank you!

#### Articles of Conversion

For

#### "Other Business Entity"

Into

## Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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 Corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Pioneer Services, LLC
(Enter Name of Florida Limited Lifability Company)
4. If not effective on the date of filing, enter the effective date: February 5, 2019 (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.
19 FEB -

Signed this 31 day of January	20 19
Signature of Authorized Representative of Limi	ted Lightlity Company:
Signature of Authorized Representative: Amplification Printed Name: Language Survey Su	Mile: Man ager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: James Skitch	Title: Chief Executive Officer
Signature:	
Printed Name:	_ Title:
Cimatura	
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 In	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty 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)

19 FEB -4 AH 8: 58

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
(Must contain the words "Limited Liab	SCYVICES LLC pility Company, "L.L.C.," or L.L.C.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2024 Grant street Hollywood, PL 33020	Mollywood, FL 33020
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
Florida street address (Florida street address (Florid	the registered agent are:  CONCERNATION OF ACCEPTABLE)  A SHEET  O.O. Box NOT acceptable)  FL 33D2D  Zip  I to accept service of process for the above stated limited do in this certificate, I hereby accept the appointment as poacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S.
	Signature (REQUIRED)  19 FEB - 4 AH 88: 50

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A	RT	10	Lľ	F.	IV-

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 AMBR	Lanny Gelfund 2024 Grant Street Hullywood, FL 33020			
<u></u> -				
	**************************************			
(Use attachment if necessary)	FEB TO			
ARTICLE V: Other provisions, if any.				
REQUIRED SIGNATURE:	<b>ラブ 8</b>			
This document is executed indeccordance wi	th section 605.0203 (1) (b), Florida Statutes. I am aware that not to the Department of State constitutes a third degree felony			
Lanny	Gelfand			
J Type	d 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)