# 119000088986

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

Office Use Only



600326850956

03/28/19--01026--014 \*\*150.00

SECRETARY OF STATE
FALL AHASSEE, FLORIDA

APR 0 4 2019

### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: State Document Services, LLC		
(Name of Re	sulting Florida Limite	d Company)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L		n, and fees are submitted to convert an "Othe" in accordance with s. 605.1045, F.S.
Please return all correspondence concernir	ng this matter to:	
Gretchen Santoro		
(Contact Person)		
State Document Services, L.L.C		
(Firm/Company)		
7378 W. Atlantic Blvd #247		
(Address)		
Margate, FL 33063		
(City, State and Zip Code)		
gs@stateds.com		
E-mail Address: (to be used for future annual re	eport notifications)	
For further information concerning this ma	itter, please call:	
Gretchen Santoro	at ( 877 )	(Daytime Telephone Number)
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amodollars and drawn on a bank located in the		ocessed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  ■ \$150.00 Filing Fees and Certificate of Status		
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle	New Fil Divisior P. O. Bo	NG ADDRESS: ing Section of Corporations ox 6327 issee, FL 32314

Tallahassee, FL 32301

# **Articles of Conversion**

For

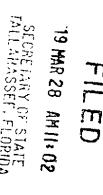
# "Other Business Entity"

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:  State Document Services, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation (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)
(Enter state, or if a non-U.S. entity, the name of the country)
12/06/2018 On
On 12/06/2018 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
State Document Services, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(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.



Signed this 14th day of March	20_19
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative; Printed Name; Gretchen Santoro	Lec Soutow Title: President
Signature(s) on behalf of Other Business Entity:	
Printed Name: Gretchen Santoro	Title: President
Signature: Chris Santoro  Printed Name: Chris Santoro	
Printed Name: Chris Santoro	Title: V-President
Signature: Printed Name:	Title:
Signature:Printed Name:	Tal
Filmed Name.	
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.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	
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 MAR 28 AM II : 02

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

(Must contain the words "Lim	ited Liability Company, "L.L.C.," or "L.L.C.")	<del></del>
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limit	ed Liability Company i
Principal Office Address:	Mailing Address:	
7378 W. Atlantic Blvd #247	7378 W. Atlantic Blvd #247	
Margate, FL 33063	Margate, FL. 33063	
The name and the Florida street addres  Gretchen Santoro	ss of the registered agent are:	9 HAR 28 ECRETAR EL AHASS
STEELEN SAMOO	1016	
7378 W. Atlantic Blvd	1 #247	AM II + 02 OF STATE FLORIDA
Florida street addi	ress (P.O. Box NOT acceptable)	II 02 IAIE JORIDA
Margate	FL 33063	
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. 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)

(CONTINUED)

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Gretchen Santoro	
MGR	7378 W. Atlantic Blvd #247	_
	Margate, FL 33063	-
	waigate, PL 55005	-
MGR	Chris Santoro	
	7378 W. Atlantic Blvd #247	
	Margate, FL 33063	_
		_
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(Use attachment if necessary)		- 
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CLE V: Other provisions, if any.	· *.	
REQUIRED SIGNATURE:		
	<b>S</b>	
REQUIRED SIGNATURE:	>> an authorized representative of a member	
REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a member with section 605 0203 (1) (b), Florida Statutes, I am aware	- tha
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document in a docum	an authorized representative of a member with section 605 0203 (1) (b), Florida Statutes, I am aware ment to the Department of State constitutes a third degree fe	
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	with section 605 0203 (1) (b), Florida Statutes. I am aware	
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document in a docum	with section 605 0203 (1) (b), Florida Statutes. I am aware	

# 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)