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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE TALLAHASSEF, FLORINA

JUL 0.5 2019

K Brumbley

COVER LETTER

TO: New Filing Division of	Section Corporations		
SUBJECT: Simcon	n Communications, LLC		
	(Name of Re	sulting Florida Limi	ited Company)
			ion, and fees are submitted to convert an "Other y" in accordance with s. 605.1045, F.S.
Please return all co	rrespondence concernin	g this matter to:	
Garry Petigny			
	(Contact Person)	·	-
Simcom Communication	ons, LLC		
	(Firm/Company)		_
608 SW 77th Ave			
	(Address)		-
North Lauderdale, FL	33068		
	(City, State and Zip Code)		_
garrypetigny99@gmail	l.com		
E-mail Address: (to	be used for future annual re	port notifications)	-
For further informa	tion concerning this ma	tter, please call:	
Woodside Noel		at (⁹⁵⁴	599-9154
(Name of Cor	ntact Person)	(Area Code)) 599-9154) (Daytime Telephone Number)
	for the following amound a bank located in the	-	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	□S180.00 Filing and Certified Cop	g Fees S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRE	SS:	MAIL	ING ADDRESS:
New Filing Section			iling Section
Division of Corpora	ations		on of Corporations
Clifton Building 2661 Executive Cer	ster Circle		30x 6327 assee, 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: Sincom Communications, Inc. # PIS-50534
(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, United States
First organized, formed or incorporated under the laws of
06/01/2018 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:
Simcom Communications, 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.)
<u>Note:</u> 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.

TALLAHARY OF STATE

Signed this 10th	day of June	20 <u></u>
Signature of Auth	orized Representative of Limi	ted Liability Company:
Signature of Author	rized Representative:	Her.
Printed Name Garry	Petigny Petigny	Title: Member/Manager
Signature(s) on bel	nalf of Other Business Entity:	[See below for required signature(s)]
Signature:		Title: President
Printed Name: Garry	Petigry	Title: President
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signatura		
Drintad Mama:	· ·	Title:
Timed Name		
Signature:		
Printed Name:		Title:
Drinted Name:	·	Title:
rimed Name		Title:
If Florida Corpora	tion:	
Signature of Chairm	an. Vice Chairman, Director, or	Officer.
If Directors or Offic	ers have not been selected, an In	corporator must sign.
If Florida Constal	Dautnauchin au Limitad Liabili	ty Doutnoughins
Signature of one Ge	Partnership or Limited Liabili neral Partner	ty Partnership:
	Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL (General Partners.	
All athone		
All others: Signature of an auth	arizad narvan	
orginatine or an additi	orized person.	
<u>Fees:</u>		
Articles of 0	Conversion:	\$25.00
	orida Articles of Organization:	\$125.00
Certified Co	-	\$30.00 (Optional)
Certificate of	• =	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:
Simcom Communications, LLC	
(Must contain the words "Limited L	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of t	the principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
608 SW 77th Ave	608 SW 77th Ave
North Lauderdale, FL 33068	North Lauderdale, FL 33068
business entity with an active Florida registration.) The name and the Florida street address of	the registered agent are:
Woodside Noel	\
'	Name
6750 N Andrews Ave, STE	E 200
Florida street address	(P.O. Box <u>NOT</u> acceptable)
Fort Lauderdale	FL 33309
City	Zip
liability company at the place designa	and to accept service of process for the above stated lited in this certificate, I hereby accept the appointment

18.

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:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Carry Patienty
AMBR	Garry Petigny 608 SW 77th Ave
	Fort Lauderdale, FL 33068
	Tort Lauderdale, LE 33000
(Use attachment if necessary)	
real of the second	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
SIGNATORE.	
/ 1/	
(Ala	
Signature of a member of	or an authorized representative of a member
Signature of a member of This document is executed in accordan	or an authorized representative of a member are with section 605.0203 (1) (b), Florida Statutes. I am aware the
 any false information submitted in a doc 	or an authorized representative of a member lice with section 605.0203 (1) (b), Florida Statutes. I am aware the cument to the Department of State constitutes a third degree felo
Signature of a member of This document is executed in accordant any false information submitted in a document as provided for in s.817.155, F.S.	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am aware the cument to the Department of State constitutes a third degree felo
 any false information submitted in a doc 	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am aware the cument to the Department of State constitutes a third degree felo
any false information submitted in a doc as provided for in s.817.155, F.S. GARRY PETIGNY	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am aware the cument to the Department of State constitutes a third degree felo
any false information submitted in a doc as provided for in s.817.155, F.S. GARRY PETIGNY	cument to the Department of State constitutes a third degree felo

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