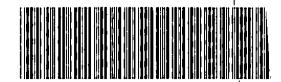
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(5.0).5.5.5.2.2
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number) Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:

Office Use Only

N SAMS OCT 0 4 2019



80033276991

09/18/19--01025--018

08/26/19--01019--015

-2019:0CT -3 AH 10: 35

*****.∲∃



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 20, 2019

MARC CAMY SAINT MARC 1362 SUMMIT PINES BLVD APT 235 WEST PALM BEACH, FL 33415 US

SUBJECT: MCS CARRIER LLC Ref. Number: W19000085255

We have received your document for MCS CARRIER LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign your name on the highlighted area on the conversion Form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 719A00019484

www.sunbiz.org

MARC CAMY SAINT MARC

1362 SUMMIT BLVD SUITE 235

W PALM BEACH FL 33415

(440) 313-1151

To Whom it may concern:

My name is Marc Camy saint Marc, I write this correspondence just to let you know that I have a credit of \$35.00 due to the amendment that I was going to do and my Document Number P19000063119, cancel the amendment and convert it to an LLC. I send \$115 plus the balance of \$35 = \$150 for the conversion.

Marc Camy Saint Marc

Best Regards.

COVER LETTER

TO: New Filing So Division of C				
SUBJECT: MC	S CARR (Name of Res	IER LLC ulting Florida Limited Con	npany)	
The enclosed Article Business Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organization, an ability Company" in a	d fees are submitted to converceordance with s. 605.1045, F.	t an "Otl .S.
Please return all corre	espondence concerning	g this matter to:		
MARC CAM	4 SAINT Contact Person)	MARC		
MCSC	HRRIER (Firm/Company)	<u>-LC</u>		
1362 SUM	MMIT PINE (Address)	s Blud Aff	235	
WESTPAL	M Beach City, State and Zip Code)	FC 33415		
CSaint Ma E-mail Address: (10 h	AR 22@YAH e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Marc Can (Name of Conto	My Saint HM act Person)	(Area Code) (Day	rtime Telephone Number)	
	or the following amou a bank located in the		sed by this office must be paya	ible in US
(\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185,00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES	S:	MAILING A	ADDRESS:	

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

INHS11 (7/17)

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 follow the Business Entity into a Florida Limited Liability Company in accordance with s.605.1045 Statutes.	owing 5. Floric
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Convers (Enter Name of Other Business Entity)	sion is:
a management to the production of the	<u> </u>
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business.) First organized, formed or incorporated under the laws of FLORIAM (Enter state, or if a non-U.S. entity, the name of the cou	i
on 08/06/2019 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organ	nizatio
MCS CARRIER LLC (Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: 08/20/2019 . (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar 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 list 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 a which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.	mouni

Signed this08day of 30	2019
Signature of Authorized Representative of Limit	 -
Signature of Authorized Representative:	Title: PRESIDENT
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature:	_Title:PRESIDENT
Signature: Printed Name:	7814
Printed Name:	_ title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Frinted Name.	
Signature:Printed Name:	_ Title:
Signature:	
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer. corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> 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

			1
ARTICLE I - Name: The name of the Limited Liability Company	y is:		
MCS CARR (Must contain the words "Limited Li	IER LLC		
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited	I	iy is:
Principal Office Address:	Mailing Address:	2019 C	-
1362 SUMMITPINES BLUD'S WEST PACM BEACH, FL334	ste 235 Showl	OCT -3	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	tered Office, & Registered Agen Registered Agent. You must designate an inc	nt's Signature dividual or another	Ü

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

MARC CAMY SAINT MARC

1362 SUMMIT PINES BLVd suit 235
Florida street address (P.O. Box NOT acceptable)

W.PALM Beach FL 33415
City Zip

Having been named as registered agent and to accept service of process for the above stated lim liability company at the place designated in this certificate. I hereby accept the appointment a registered agent and agree to act in this capacity. I further agree to comply with the provisions a statutes relating to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Marc Cony Soint Marc
Registered Agent's Signature (REQUIRED)

(CONTINUED)

_	l
_	_
Ì	
Ţ	_

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGP	MARC CHIMY SAINT MARC 1362 SUMMIT PINES BLUGSTERS W. PALM BROCK FL 33415
	2019 OCT -3 A
(Use attachment if necessary)	AH 10: 35
CTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Marc Comy Son	r an authorized representative of a member
Signature of a member of	rument to the Department of State constitutes a third degree felony