L20000063835

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ddress)	
(Cıl	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.	





200341481872

2020 FEB 28 AH II: 09 SECRETARY OF STARR TALLAHASSI OF LUNDA

FILED

20 Frat. 24 2:46

Classian K. Ermabicy

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 2/28/2020	_		**WALK IN**
ENTITY NAME PROBE	SERVICES, LLC		· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBER_			
	PLEASE FILE TA	HE ATTACHED AND RETURN	
	Plain Copy		
XXXX	Certified Copy		
	Certificate of Status		
	PLEASE OBTAIN THE P Certified Copy of Art Certificate of Good St		
	APOSTILLE' / I	NOTARIAL CERTIFICATION	
COUNTRY OF DESTINAT	TION		
NUMBER OF CERTIFICA	TES REQUESTED		
TOTAL OWED \$180.00)	ACCOUNT #: I201600000	 72
		5 8 FM	
Please call Tina at t	he above number for	any issues or concerns. Thank you s	so much!

COVER LETTER

TO: New Filing Section Division of Corpor		•		·		
SUBJECT: Probe Service	s, LLC			•		
	(Name of Res	sulting Florida L	imited Cor	mpany)	•	
The enclosed Articles of C Business Entity" into a "F						
Please return all correspon	ndence concernin	g this matter	:o:			
Laura Colca						
(Co	entact Person)					
Goldberg Segalla LLP						
(Pir	m/Company)		···			
665 Main Street						
	(Address)					
Buffelo, New York 14203						
(City, S	tate and Zip Code)		 , ,			
Icolca@goldbergsegalla.com	n .			•		
E-mail Address: (to be used	for future annual re	port notification	g)			
For further information co	ncerning this ma	tter, please ca	11:			
Laura Colca		at (716	710-	5840	•	
(Name of Contact Pers	son)	(Area Co	de) (Day	time Telephone	Number)	
Enclosed is a check for the dollars and drawn on a bar				sed by this of	fice must be p	ayable in US
	55.00 Piling Fees Certificate of is	23180.00 Fit and Certified	ing Fees Copy	S185.00 Fi Certified Cop Certificate of	y, and	
Mailing Address: New Filing Section Division of Corpore P.O. Box 6327 Taliabassee, FL 32	ations	·	New I Divisi The C	Address: Filing Section on of Corpor entre of Talla	ations	1

Tallahassee, FL 32303

Articles of Conversion

· For

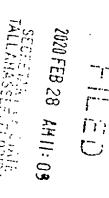
"Other Business Entity"

Ínto

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: Probe 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,	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust,	ctc.)
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the name of the country)	
March 16, 2007	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization	n:
Probe 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 aft 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 which such members are entitled under ss. 605,1006 and 605,1061-605,1072. F.S.	to



Signed this 28th day of February	_20_ 2 6
Signature of Authorized Representative of Limit	
Signature of Authorized Representative: Printed Name: Laura Colca	Title: Altorney/Incorporator
Signature(s) on behalf of Other Business Entity;	•
Signature: Printed Name: Laura Colca	Title: Attorney/Incorporator
Signature: Printed Name:	Title:
Signature:Printed Name:	
Signature: Printed Name:	_ Title:
Signature: Printed Name:	Title:
Signature:	· · · · · · · · · · · · · · · · · · ·
Printed Name:	rue:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	
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

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:		
,			
Probe Services, LLC	·	·	
(Must contain the wor	rds "Limited Liability C	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	•		
	ddress of the prin	ncipal office of the Limited Liability Company	is:
_	-		
Principal Office Address:	:	Mailing Address:	
14679 Topsail Drive		14679 Topsall Drive	
Naples Florida 34114		Naples Florida 34114	
ADTICLE III Docistored Ag	ant Dagletanad C	Office, & Registered Agent's Signature:	
	rvo as its own Registere	ed Agent. You must designate an individual or another	
The name and the Florida street	address of the reg	gistered agent are:	
United Corpo	orate Services , T c	o.C.	
	Name		
9200 South I	Dadeland Blvd. Sul	ite 508	
Florida stre	et address (P.O. E	Box NOT acceptable)	
Mlami		FL 33156	
	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)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Michael Reitano
	14679 Topsall Drive,
	Naples Florida 34114
	•
	·
(Use attachment if necessary)	
(Use attachment if necessary) CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
· • • • • • • • • • • • • • • • • • • •	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any. REQUIRED SIGNATURE	
REQUIRED SIGNATURE Signature of a member or This document is executed in accordance any false information submitted in a docu	an authorized representative of a member with section 605.0203 (1) (b), Plorida Statutes. I am aware the ment to the Department of State constitutes a third degree felo
Signature of a member or This document is executed in a document factorization submitted in a document provided for in 8.817.155, F.S. Attorney Twoored	with section 605.0203 (1) (b), Plorida Statutes. I am aware the ment to the Department of State constitutes a third degree felo
Signature of a member or This document is executed in a document factorization submitted in a document provided for in 8.817.155, F.S. Attorney Twoored	with section 605.0203 (1) (b), Plorida Statutes. I am aware the ment to the Department of State constitutes a third degree felo