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(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:

Office Use Only

T. SCOTT



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03/17/20--01014--017 **150.00



J. THOMAS CONROY, III
FL BAR BOARD CERTIFIED REAL ESTATE LARYER
KRISTIN M. CONROY
FL BAR BOARD CERTIFIED REAL ESTATE LAWYER
MICHAEL A. DURANT
FL BAR BOARD CERTIFIED REAL ESTATE LAWYER



HOLLY A. HARMON
FL BAR BOARD CERTIFIED REAL ESTATE LAWYER
BRADLEY D. FRIEDMAN
GREGORY W. WETZEL

March 12, 2020

Florida Department of State New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RE: EHS Systems Solutions LLC

Dear Sir/Madam:

Enclosed please find Articles of Conversion, Articles of Organization for the above referenced entity. We have included a check in the amount of \$150.00 for the filing fee.

Please feel free to contact me if you require additional information or documentation.

Very truly yours,

Real Estate Paralegal

R.M.Leibowitz, Alan J & Kotick, Rhonda I.M.I.C Conversion - EHS Systems Solutions LLC/Correspondence/Letter to Department of State doc

COVER LETTER

TO:	New Filing So				
	Division of C	orporations			
SUBJ	ECT: EHS Sy	stems Solutions LLC			
		(Name of Res	ulting Florida Limite	ed Com	ipany)
			_		d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please	return all corre	espondence concerning	g this matter to:		
J. The	omas Conroy, I	II			
		(Contact Person)			
Conr	oy, Conroy &	Durant, P.A.			
		(Firm/Company)			
2210	Vanderbilt Bea	ch Road, Suite 1201			
		(Address)			
Naple	es, FL 34109				
	((City, State and Zip Code)			
filings	@naplesprope	rtylaw.com			
E-r	nail Address: (to b	e used for future annual re	port notifications)		
For fu	irther information	on concerning this ma	tter, please call:		
Sama	antha MacLeod		_at (239) 649-	5200
	(Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)
		or the following amou a bank located in the		rocess	ed by this office must be payable in US
(\$25 fc & \$125	0.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New I Divisi The C	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

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.

Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: EHS Systems Solutions LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of Virginia
(Enter state, or if a non-U.S. entity, the name of the country)
on June 3, 2015
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
EHS Systems Solutions LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: March 13, 2020 (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.
·> Ca

Signed th	is day of March	20
<u>Signatur</u>	e of Authorized Representative of Lim	ited Liability Company:
		34horo
	of Authorized Representative:	
Printed Na	ame: Alan Leibowitz	Title: Authorize Member
	e(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Cianatura	ame: Alan Leibowitz	3/4/20252
Drinted Ma	ama: Alan Leibowitz	3/1/200 Title: Sole Member
i iiiica iv	ame, man conserve	Title.
Signature:	:/	
Printed N	ame:	Title:
Signature	·	
Printed N	ame:	Title:
Signature	:ame:	
Printed N	ame:	Title:
c: .		
Signature:	:	Title
rrinted N	ame:	TRIC:
Signature		
Printed N	ame:	Title:
If Florida	Corporation:	
	of Chairman, Vice Chairman, Director, or	Officer.
If Directo	rs or Officers have not been selected, an Ir	corporator must sign.
	General Partnership or Limited Liabil	ity Partnership:
Signature	of one General Partner.	
rem · i	The Grand Control of the Grand The Bill	tan I timba d Donam makim.
	<u>Limited Partnership or Limited Liabil</u> s of <u>ALL</u> General Partners.	ny Limited Partnersnip:
Signature	s of ALL General Partners.	
All others	ş:	
	of an authorized person.	
3. B	, , , , , , , , , , , , , , , , , , ,	
Fees:		
Δ	rticles of Conversion:	\$25.00
	ees for Florida Articles of Organization:	\$125.00
	ertified Copy:	\$30.00 (Optional)
	ertificate of Status:	\$5.00 (Optional)
		· · · · · · · · · · · · · · · · · · ·

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	inany is:		
The name of the Billinea Blasting Con-	, parry 13.		
EHS Systems Solutions LLC			
(Must contain the words "Limi	ted Liability Company, "L	.L.C.," or "LLC.")	
A DOTTION FOR THE A LIE			
ARTICLE II - Address: The mailing address and street address	of the principal offic	ce of the Limited	d Liability Company is:
Principal Office Address:	Mailing A	Address:	
86 Southport Cove	86 Southp	oort Cove	
Bonita Springs, FL 34134	Bonita Spri	ngs, FL 34134	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	own Registered Agent. Yo		
The name and the Florida street address	s of the registered ag	gent are:	
J. Thomas Conroy, II	II		
	Name		
2210 Vanderbilt Bea	ch Pood Suite 1201		
	ress (P.O. Box NOT	acceptable)	
Naples	FL_	34109	
City		Zip	
Having been named as registered age liability company at the place designed in the place designed in the statutes relating to the proper and confidence of the obligations of my positions. Registered Age	gnated in this certific his capacity. I furthe omplete performance	cate, I hereby acc r agree to compl c of my duties, ar nt as provided fo	cept the appointment as ly with the provisions of al nd I am familiar with and
(C	CONTINUED)		20 mm

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

	Name and Address:
"AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	Alan Liebowitz
	86 Southport Cove
	Bonita Springs, FL 34134
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
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LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	Jylrow 3ylrow
LE V: Other provisions, if any.	J 34/2020
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member or	r an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	

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)

Typed or printed name of signee