

L20000337573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only

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08/30/20--01015--001 **186.00

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2020 NOV -2 AM 8:15
CLERK OF COURT
STATE OF FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PRODUCTIVE SERVICES LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

CHAD MICHAEL PALCIC

(Contact Person)

PRODUCTIVE SERVICES LLC

(Firm/Company)

2148 PICKARD LN

(Address)

NORTH PORT FL 34286

(City, State and Zip Code)

chad.palcic@gmail.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

CHAD MICHAEL PALCIC at (724) 317-6577

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

- ☐ \$150.00 Filing Fees (\$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

Mailing Address:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2020

CHAD MICHAEL PALCIC
2148 PICKARD LN
NORTH PORT, FL 34286

SUBJECT: PRODUCTIVE SERVICES LLC
Ref. Number: W20000121147

We have received your document for PRODUCTIVE SERVICES LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

P200000045207-PRODUCTIVE SERVICES INC,

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 120A00020740

2020 NOV -2 PM 1:11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ~~PRODUCTIVE SERVICES LLC~~ Barefoot Adventures LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

CHAD MICHAEL PALCIC

(Contact Person)

PRODUCTIVE SERVICES LLC

(Firm/Company)

2148 PICKARD LN

(Address)

NORTH PORT FL 34286

(City, State and Zip Code)

chad.palcic@gmail.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

CHAD MICHAEL PALCIC

at (724) 317-6577

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☐ \$150.00 Filing Fees
\$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

Mailing Address:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
PRODUCTIVE SERVICES LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LLC
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of PENNSYLVANIA
(Enter state, or if a non-U.S. entity, the name of the country)

on 04/01/2013
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

~~PRODUCTIVE SERVICES LLC~~ Banquet Adventures 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.

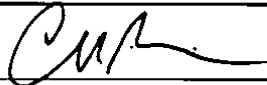
5. The plan of conversion has been approved in accordance with all applicable statutes.

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.

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2020 NOV -2 AM 8:16
CLERK OF STATE
TALLAHASSEE, FLORIDA


Signed this 22nd day of September 2020

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 

Printed Name: CHAD MICHAEL PALCIC Title: SOLE MEMBER

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: 

Printed Name: CHAD MICHAEL PALCIC Title: SOLE MEMBER

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

f Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

f Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

f Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~PRODUCTIVE SERVICES LLC~~

Parafoot Adventures LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2148 PICKARD LN

NORTH PORT FL 34286

Mailing Address:

2148 PICKARD LN

NORTH PORT FL 34286

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Kristine Palcic

Name

2148 Pickard LN

Florida street address (P.O. Box **NOT** acceptable)

North Port

City

FL

34286

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..

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)



STATE
OF FLORIDA

2020 NOV -2 AM 8:16

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

SOLE MEMBER

Name and Address:

CHAD MICHAEL PALCIC

2148 PICKARD LN

NORTH PORT FL 34286

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE



Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

CHAD MICHAEL PALCIC

Typed or printed name of signee

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)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

09/28/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Productive Services LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Kathly Bookman

Secretary of the Commonwealth

Certification Number: TSC200928090219-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>