

## L20000368860

(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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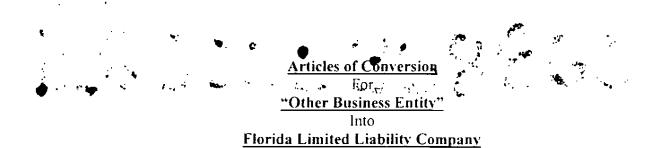
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The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida

S	atutes.
1.	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  PEG PROPESSIONAL ENTERPHISES (COMPANY)  (Enter Name of Other Business Entity)
	(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.)
Fi	rst organized, formed or incorporated under the laws of FLOPIDA  (Enter state, or if a non-U.S. entity, the name of the country)
Oľ	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
İ	(Enter Name of Florida Limited Liability Company)
	(Enter Name of Florida Limited Liability Company)
4. (T th <u>No</u>	If not effective on the date of filing, enter the effective date: 18 38 2020.  he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after e date this document is filed by the Florida Department of State.)  te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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.
	2629 OCT 30

Signed this 38 day of October	_ 20 <u>_ 20</u>
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Val	LE JUGA Tille: PEUPEIETUR / RESISTER L AGENT
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]
Signature: Robert 6 Piger	
Printed Name: Robert 6 Pigel	Title: VICE PROSIDENT.
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	<del></del>
Printed Name:	_ Title:
Signature:Printed Name:	77.1
Signature:Printed Name:	Title
Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership: $\Lambda/A$
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	v Limited Partnership: i7 /pA
All others: Signature of an authorized person.	
Fees:	202
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 Liability Company is:	
PEG PROFESSIONAL ENTE	ERPRISES CEMPANY, LLC
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4503 PATRICIA AMOCH	Same
0RLANDO, FL 32839	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	<u> </u>
4503 PATRICIA	9 Ann C+
MELANDO.	FL 30959
ORMANOO, Florida street address (P.O.	Box NOT acceptable)
	FL
Paula City Ge	. Zip 19er
Having been named as registered agent and to liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete po	accept service of process for the above stated limited his certificate. I hereby accept the appointment as w. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S
Saule	ture (REQUIRED)
Registered Agent's Signa	tur (Lik EQUIRED)
(CONTINU	ED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	<del></del>
"MGR" = Manager	During Course
MGR	ROBERT GEIGER
	4503 PATRICIA AND CH ORLANDO, FL 3283
	OKCAVIO, PL 3283
MGR	PAULA GEIGER
	4503 PATRICIA Ann
	ORI ANDO 19 3283
Use attachment if necessary)	
Use attachment if necessary)  EV: Other provisions, if any,	
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EV: Other provisions, if any.  A  REQUIRED SIGNATURE:	
EV: Other provisions, if any.  A  REQUIRED SIGNATURE:	- /W/
EV: Other provisions, if any.  A  REQUIRED SIGNATURE:  faule Jug-	
EV: Other provisions, if any.  REQUIRED SIGNATURE:  fault Jug- Signature of a member or	an authorized representative of a member
EV: Other provisions, if any.  A  REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am aware t
Signature of a member or This document is executed in a document as provided for in 8.817.155, F.S.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am aware to the Department of State constitutes a third degree fel
Signature of a member or This document is executed in a document as provided for in 8.817.155, F.S.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am aware to the Department of State constitutes a third degree fel
Signature of a member or This document is executed in a document as provided for in 8.817.155, F.S.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am aware to the Department of State constitutes a third degree fel
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am aware to the Department of State constitutes a third degree fel