

L21000 342132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

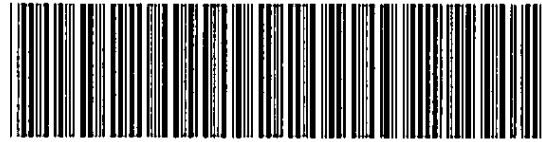
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900365900259

07/19/21--01040--010 \*\*21.25

05/21/21--01025--008 \*\*128.75

07/26

J DENNIS

JUL 28 2021

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Wandering Land 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:

Sofia A. Shronce  
(Contact Person)

Wandering Land Services, LLC  
(Firm/Company)

1460 W. Stetson Circle  
(Address)

Coconut, FL 32922  
(City, State and Zip Code)

abbyschronce@gmail.com  
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Sofia A. Shronce at (361) 484-4245  
(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)

<input checked="" type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$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:

Wandering Land Services, 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 Pennsylvania  
(Enter state, or if a non-U.S. entity, the name of the country)

on January 13, 2017  
(date of organization formation or incorporation)

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

Wandering Land 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 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.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: Sofia A. Shronce  
Printed Name: Sofia A. Shronce Title: President

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

Signature: Sofia A. Shronce  
Printed Name: Sofia A. Shronce Title: President

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

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

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

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If 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:

Wandering Land Services, 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:

1460 W. Stetson Circle  
Cocoa, FL 32922

#### Mailing Address:

1460 W. Stetson Circle  
Cocoa, FL 32922

### 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:

Sofia A Shronce  
Name

1460 W. Stetson Circle  
Florida street address (P.O. Box **NOT** acceptable)

Cocoa FL 32922  
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.*

Sofia A Shronce  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Sofia A Shronce  
1460 W. Stetson Circle  
Cocoa, FL 32922

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V: Other provisions, if any.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

Sofia A Shronce

**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.

Sofia A. Shronce

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)**

**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> <b>Return document by mail to:</b>  Name _____ Address _____ City _____ State _____ Zip Code _____	<b>Certificate of Organization</b> <b>Domestic Limited Liability Company</b> DSCB.15-8913 (rev. 7/2015)   8913
<input checked="" type="checkbox"/> <b>Return document by email to:</b> <u>powell.karolina@gmail.com</u>	

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov>.

Fee: \$125

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company ( <i>designator is required i.e. "company", "limited" or "limited liability company" or abbreviation</i> ): <u>Wandering Land Services, LLC</u>
---

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is: ( <i>Complete (a) or (b) – not both</i> )					
(a) Number and Street	City	State	Zip	County	
<u>8155 State Route 14 Trout Run PA 17771 Lycoming</u>					
(b) Name of Commercial Registered Office Provider					County
<u>c/o</u>					

3. The name and address, including street and number, if any, of each organizer is ( <i>all organizers must sign on page 2</i> ):	
Name	Address
<u>Sofia A. Shronce</u>	<u>773 Locust Ridge Drive, Pittsburgh PA 15209</u>

1. *Strike out if inapplicable term*

~~A member's interest in the company is to be evidenced by a certificate of membership interest.~~

5. *Strike out if inapplicable.*

Management of the company is vested in a manager or managers:

6. The specified effective date, if any is: \_\_\_\_\_

(MM DD YYYY and hour, if any)

7. *Strike out if inapplicable.* The company is a restricted professional company organized to render the  
~~following restricted professional services:~~

8. For additional provisions of the certificate, if any, attach an 8 1/2 x 11 sheet.

(IN TESTIMONY WHEREOF, the organizer(s) has (have)  
signed this Certificate of Organization this

13 day of January, 2017



Signature

Signature

Signature

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

05/17/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Wandering Land 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

*Veronica W. Desjardes*

Acting Secretary of the Commonwealth

Certification Number: TSC210517222562-1

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