# 124000516475

(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:





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## **COVER LETTER**

Division of Co				
SHRIFCT. Ship or SI	nore Pneumatic Systems	s LLC		
30D3EC1.	(Name of Resi	alting Florida Limited	d Cump	eany)
				fees are submitted to convert an "Other cordance with s. 605,1045, F.S.
Please return all corre	spondence concerning	g this matter to:		
Peter Theis				
	(Contact Person)	<del> </del>		
Ship or Shore Pneumal	tic Systems LLC			
	(Firm/Company)			
320 Lake Como Dr				
	(Address)	,		
Pomona Park FL 3218	1			
((	lity, State and Zip Code)			
Petert49@cs.com				
E-mail Address: (to be	e used for future annual rep	port notifications)		
For further information	on concerning this mat	tter, please call:		
petert49@cs.com		at ( <u>904</u>	377-6	195
(Name of Conta	et Person)	(Area Code)	(Dayt	ime Telephone Number)
Enclosed is a check f dollars and drawn on	or the following amou a bank located in the	int: (All checks pi United States)	rocesso	ed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add				Address:
New Filing S				filing Section on of Corporations
Division of C P.O. Box 632	•			entre of Tallahassee
Tallahassee, I			24151	N. Monroe Street, Suite 810

Tallahassee, FL 32303

2021 DEC -3 #11 8: 14

## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 23, 2021

PETER TREIS 320 LAKE COMO DR PONOMA PARK, FL 32181

SUBJECT: SHIP OR SHORE PNEUMATIC SYSTEMS LLC

Ref. Number: W21000151182

We have received your document for SHIP OR SHORE PNEUMATIC SYSTEMS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Documents must be printed in Portrait format, not Landscape format.

Please return 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.

Letter Number: 521A00028384

Jessica A Fason Regulatory Specialist II

www.sunbiz.org

## **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.

(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a S Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, ed	
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entit	y, the name of the country)
07/24/1989 on .	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached	Articles of Organization:
Ship or Shore Pneumatic Systems LLC	
(Enter Name of Florida Limited Liability Company)	<del></del> '
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 th	ian 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, the document's effective date on the Department of State's records.	nis date will not be listed as the
5. The plan of conversion has been approved in accordance with all applicable state	ues.
6. The "Converted or Other Business Entity" has agreed to pay any members having a which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	ppraisal rights the amount to
	264 D.O3
	ယ်
	<del></del>

Signed this 10 day of November	2021
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative: \( \) Printed Name: Peter Theis	Title: Managing Mbr
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Simular & Ditto	
Signature: X Pulk Heir Printed Name: Peter Theis	Title: President
Signature:	
Signature: Printed Name:	Title:
Signature: Printed Name:	
Signature:	
Signature:Printed Name:	_ Title:
Sionature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or C	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$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	pany is:
Ship or Shore Pneumatic Systems LLC  (Must contain the words "Limit	ed Liability Company, "L.L.C.," or "LLC,")
ARTICLE II - Address:	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
320 Lake Como Dr Pomona Park FL 32181	320 Lake Como Dr Pomona Park FL 32181
The name and the Florida street address  Peter Theis	of the registered agent are:
Feter Theis	Name
320 Lake Como Dr	
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)
Pomona Park	FL 32181
City	Zip
liability company at the place designeristered agent and agree to act in the statutes relating to the proper and ca	on and to accept service of process for the above stated limited grated in this certificate. Thereby accept the appointment as is capacity. I further agree to comply with the provisions of all amplete performance of my duties, and I am familiar with and on as registered agent as provided for in Chapter 605, F.S

(CONTINUED)

### ARTICLE IV-

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

PANADDU A college of the LAM college.	Name and Address:
'AMBR" = Authorized Member 'MGR" = Manager	
MGR - Manager	Peter Theis
	320 Lake Como Dr
	Pomona Park FL 32181
	- Charles to the state of the s
Use attachment if necessary)	
ÆV: Other provisions, if any.	
Æ V: Other provisions, if any.	
	<i>7</i> .
	1. Les
REQUIRED SIGNATURE:	1.
Signature of a member or	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aw mem to the Department of State constitutes a third degree
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.  Peter Theis	with section 605.0203 (1) (b), Florida Statutes, I am aw mem to the Department of State constitutes a third degree
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.  Peter Theis	with section 605.0203 (1) (b), Florida Statutes. I am aw