

L21000534687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

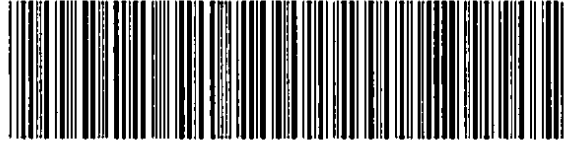
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900376799189

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2021 DEC 29 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2021 DEC 29 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

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**PLEASE USE FUNDS FROM ACCT : I20210000160 AMOUNT: 150.00**

**Authorized Signature:** 

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**STAFFLINK OUTSOURCING, LLC**

**Business Name**

**Document Number**

☐ **Certified copy of articles of incorporation**

☐ **Pick up time**

☐ **Certificate of Status**

☐ **Will wait**

**NEW FILINGS**

☐ **Profit**

☐ **Not for Profit**

☐ **Limited Liability**

☐ **Domestication**

☒ **CONVERSION**

☐ **CORP**

**AMMENDMENTS**

☐ **Amendment**

☐ **Resignation of R.A.**

**Officer/Director**

☐ **Change of Registered Agent**

☐ **Dissolution/Withdrawal**

☐ **Merger**

☐ **Correction**

**OTHER FILINGS**

☐ **Annual Report**

☐ **Fictitious Name**

☐ **APOSTIL ()**

**Country**

**REGISTRATION/QUALIFICATIONS**

☐ **Foreign filing**

☐ **Limited Partnership**

☐ **Reinstatement**

☐ **Other**

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** STAFFLINK OUTSOURCING, 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:

Wendy M. Verity

(Contact Person)

Perlman, Bajandas, Yevoli & Albright, P.L.

(Firm/Company)

200 S. Andrews Avenue, Suite 600

(Address)

Fort Lauderdale, Florida 33301

(City, State and Zip Code)

wverity@pbyalaw.com

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

For further information concerning this matter, please call:

Wendy Verity at ( 954 ) 566-7117 x116

(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
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**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:  
STAFFLINK OUTSOURCING, INC.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Corporation 997000091323  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

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

on 10/23/1997  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
StaffLink Outsourcing, 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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SECRETARY OF STATE  
TALLAHASSEE, FL

Signed this 28th day of December 2021.

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

Signature of Authorized Representative: Abram Finkelstein  
Printed Name: Abram Finkelstein Title: Authorized Representative

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

Signature: Abram Finkelstein  
Printed Name: Abram Finkelstein 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  
OF  
STAFFLINK OUTSOURCING, LLC  
(a Florida limited liability company)**

The undersigned, for the purpose of forming a Florida limited liability company under the Florida Revised Limited Liability Act, Chapter 605 of the Florida Statutes, hereby adopts, makes, signs and delivers these Articles of Organization:

**ARTICLE I  
NAME**

The name of the limited liability company is STAFFLINK OUTSOURCING, LLC (the "Company").

**ARTICLE II  
MAILING AND PRINCIPAL OFFICE ADDRESS**

The mailing and principal office address of the Company is 1371 Sawgrass Corporate Parkway, Sunrise, Florida 33323.

**ARTICLE III  
REGISTERED AGENT AND REGISTERED OFFICE**

The name and address of the Company's initial registered agent and registered office are:

PBYA Corporate Services, LLC  
200 South Andrews Avenue, Suite 600  
Fort Lauderdale, Florida 33301

**ARTICLE IV  
MANAGEMENT**

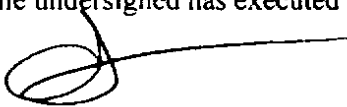
The Company shall be manager-managed. The initial Manager shall be:

Abram Finkelstein  
1371 Sawgrass Corporate Parkway  
Sunrise, Florida 33323

**ARTICLE V  
PURPOSE**

The purpose for which the Company is organized is any and all lawful business.

The undersigned has executed these Articles of Organization as of December 28, 2021.



\_\_\_\_\_  
Eric D. Kuper  
Authorized Representative

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SECRETARY OF STATE  
TALLAHASSEE, FL

**FILED**

**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT AND REGISTERED OFFICE**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned submits the following statement in designating the registered agent and registered office in the State of Florida:

The name of the corporation is STAFFLINK OUTSOURCING, LLC (the "Company").

The Registered Agent and Registered Office of the Company are:

PBYA Corporate Services, LLC  
200 South Andrews Avenue, Suite 600  
Fort Lauderdale, Florida 33301

Having been named as Registered Agent and to accept service of process for the Company at the place designated in this Certificate, I hereby accept the appointment as Registered Agent and agree to act in such 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.

Dated: December 28, 2021.

PBYA Corporate Services, LLC

By: \_\_\_\_\_

Mark A. Aloright, Manager