L220000 86134

-	(Requestor's Name)	
	(Address)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL MAIL
	(Business Entity Name)	
	(Document Number)	_
	(Doddinont Hambor)	
Certified Copies	Certificates of \$	Status
Special Instructions to	Filing Officer:	
		

Office Use Only



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To: Florida Division of Corporations

From: TAYLOR SEAY C/O Capitol Services, Inc.

Filing Cover Sheet

Date: 3/1/2022	
Trans#: 1275916	
Entity Name: PALLET CONSULTANTS ENTER	RPRISES, INC. (FL) CONVERTING INTO
PALLET CONSULTANTS ENTERPRISES, LLC (FL)	. /
Articles Incorporation/Formation ()	Articles of Amendment ()
Articles of Dissolution ()	Annual Report ()
Conversion (XX)	Fictitious Name ()
Foreign Qualification ()	Limited Liability ()
Limited Partnership ()	Merger ()
Reinstatement ()	Withdrawal / Cancellation ()
Other ()	

PLEASE RETURN:

Certified Copy (XX) Plain Photocopy ()

STATE FEES PREPAID WITH CHECK#2592 FOR \$180.00

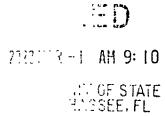
Good Standing () Certificate of Fact ()

Phone: 855-498-5500

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: PALLET CONSULTANTS ENTERPRISES, INC.	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.	
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the name of the country)	
NOVEMBER 17, 2005	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	
PALLET CONSULTANTS ENTERPRISES, 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 1ST day of MARCH	20_22
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: GUSTAVO GUTIERREZ	Title: AUTHORIZED REP
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name: GUSTAVO GUTIERREZ	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 Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnorchin
Signature of one General Partner.	to rantaership.
If Florida Limited Partnership or Limited Liabili	ty I imited Partnership.
Signatures of ALL General Partners.	y Enneed Farthership.
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PALLET CONS	SULTANTS ENTERPRISES LLC		
		ability Company, "L.L.C.," or "LLC,")	 _
ARTICLE II The mailing a		e principal office of the Limited	Liability Company is:
Principal Off	fice Address:	Mailing Address:	
000 15 105	AVENUE	SAME	
820 NE 13TH		O/ GIVIC	
ARTICLE II (The Limited Liabi	I - Registered Agent, Registe	ered Office, & Registered Ager egistered Agent. You must designate an in	nt's Signature:
ARTICLE II (The Limited Liabi business entity wi	I - Registered Agent, Registrillity Company cannot serve as its own Fith an active Florida registration.) the Florida street address of t	ered Office, & Registered Ager egistered Agent. You must designate an in	nt's Signature: dividual or another
ARTICLE II (The Limited Liabi business entity wi	I - Registered Agent, Registerity Company cannot serve us its own Fith an active Florida registration.) the Florida street address of the GUSTAVO GUTIERREZ	ered Office, & Registered Ager egistered Agent. You must designate an in	dividual or another
ARTICLE II (The Limited Liabi business entity wi	I - Registered Agent, Registerity Company cannot serve us its own Fith an active Florida registration.) the Florida street address of the GUSTAVO GUTIERREZ	ered Office, & Registered Ager egistered Agent. You must designate an in the registered agent are:	dividual or another
ARTICLE II (The Limited Liabi business entity wi	I - Registered Agent, Registerity Company cannot serve as its own Fith an active Florida registration.) the Florida street address of the GUSTAVO GUTIERREZ N 810 NW 13TH AVENUE	ered Office, & Registered Ager egistered Agent. You must designate an in the registered agent are:	dividual or another
ARTICLE II (The Limited Liabi business entity wi	I - Registered Agent, Registerity Company cannot serve as its own Fith an active Florida registration.) the Florida street address of the GUSTAVO GUTIERREZ N 810 NW 13TH AVENUE	ered Office, & Registered Ager egistered Agent. You must designate an in the registered agent are:	idividual or another 7977 1 2 - 1 AM

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR — Wianager	CUSTAVO CUTIEDDET
	GUSTAVO GUTIERREZ 810 NW 13TH AVENUE
	POMPANO BEACH, FL 33069
	7 SM 7440 SEACH, 1 E 33003
	702
	ENT OF STATE
(Use attachment if necessary)	
, , , , , , , , , , , , , , , , , , , ,	
CLE V. Other providence to	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
4	
Signature of a member or a This document is executed in accordance vany false information submitted in a document	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
Signature of a member or a This document is executed in accordance v any false information submitted in a docum as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes, I am aware that nent to the Department of State constitutes a third degree felony
Signature of a member or a This document is executed in accordance vany false information submitted in a document as provided for in s.817.155, F.S. GUSTAVO GUTIERREZ, AUTHORIZI	with cention 605 0303 (1) (b) Fig. 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-