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FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED CONVERSION FOR:

1. FS STAFFING LLC

PLEASE RETURN A CERTIFIED COPY & A CERTIFICATE OF STATUS

CHECK# 9228

FOR: \$925.00

(\$185.00 for this filing)

THANK YOU!

COVER LETTER

TO:	New Filing S Division of C					
SUB.	JECT: FS STA	FING LLC				
	<u></u>	(Name of Re	sulting Florida Li	imited Cor	mpany)	
		-	_		nd fees are submitted to convence ordered with s. 605.1045, F	
Pleas	e return all corr	espondence concernin	g this matter t	o:		
Ower	n Evans, Esq.					
		(Contact Person)				
Comi	ter, Singer, Base	man & Braun, LLP				
		(Firm/Company)				
3825	PGA Blvd, Suite	701				
		(Address)				
Palm	Beach Gardens,	FL 33410				
	(1	City, State and Zip Code)				
corpo	rate@comitersin	ger.com				
E-1	mail Address: (to b	e used for future annual re	port notifications	5)		
For fi	urther informati	on concerning this ma	tter, please ca	11:		
Alex	Tirado		at (561	626-	2101	
	(Name of Conta	ict Person)	(Area Co	de) (Day	ytime Telephone Number)	
		or the following amou a bank located in the			sed by this office must be pay	able in US
(\$25 fo	50.00 Filing Fees or Conversion 5 for Articles anization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fil and Certified (_	\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection corporations 7		New Divis The C 2415	Filing Section Sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	

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SECRETARY OF STATE TALLAHASSEE. FL

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:
FS STAFFING LIMITED LIABILITY COMPANY (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
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
(Enter state, or if a non-U.S. entity, the name of the country)
May 13, 2014
on May 13, 2014 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
FS STAFFING 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 Rusiness Entity" has agreed to nay 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 9th day of March	20
Signature of Authorized Representative of Limi	ited Liability Company:
S	· 6 11. 14.
Signature of Authorized Representative:C Printed Name: MARK HEALEY	Title: Manager
Filited (Adule: MAINT (LACE)	Title, wanager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
-	
Signature: Make Healey	
Printed Name: MARK HEALEY	Title: Manager
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signatura	
Signature:Printed Name:	Title
Filmed Name.	Tibe.
Signature:	
Printed Name:	Title:
o: .	
Signature:Printed Name:	Title
Frinted Name:	1 ttic
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	corporator must sign.
	A. Danta ambina
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnersnip:
Signature of one General Latines.	
lf Florida Limited Partnership or Limited Liabili	ty 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

FS STAFFING LLC					
(M	ust contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")			
ARTICLE II - A	ddress:				
The mailing addre	ss and street address of the	e principal office of the Limited	d Liability Compan	y is:	
Principal Office	Address:	Mailing Address:			
6650 W. Indiantow	n Road, Suite 100	6650 W. Indiantown Road,	Suite 100		
Jupiter, FL 33458					
ARTICLE III - F	Registered Agent, Registe Company cannot serve as its own Reactive Florida registration.)	Jupiter, FL 33458 ered Office, & Registered Age egistered Agent. You must designate an i	nt's Signature: ndividual or another		
ARTICLE III - I (The Limited Liability (Company cannot serve as its own Reactive Florida registration.) Florida street address of the	ered Office, & Registered Age egistered Agent. You must designate an in the registered agent are:	ndividual or another		
ARTICLE III - I (The Limited Liability (business entity with an	Company cannot serve as its own Reactive Florida registration.) Florida street address of the Comiter, Singer, Baseman	ered Office, & Registered Age egistered Agent. You must designate an in the registered agent are:	ndividual or another		
ARTICLE III - I (The Limited Liability (business entity with an	Company cannot serve as its own Reactive Florida registration.) Florida street address of the Comiter, Singer, Baseman	ered Office, & Registered Age egistered Agent. You must designate an in the registered agent are:	2022 HA	CALCIFE	
ARTICLE III - I (The Limited Liability (business entity with an	Company cannot serve as its own Reactive Florida registration.) Florida street address of the Comiter, Singer, Baseman	ered Office, & Registered Age egistered Agent. You must designate an in the registered agent are: a & Braun, LLP ame	2022 MAR 31 SECKLIARY TALLAHAS		
ARTICLE III - I (The Limited Liability (business entity with an	Company cannot serve as its own Reactive Florida registration.) Florida street address of the Comiter, Singer, Baseman No. 3825 PGA Blvd., Suite 702	ered Office, & Registered Age egistered Agent. You must designate an in the registered agent are: a & Braun, LLP ame	2022 MAR 31 SECKLIARY TALLAHAS	•	
ARTICLE III - I (The Limited Liability (business entity with an	Company cannot serve as its own Reactive Florida registration.) Florida street address of the Comiter, Singer, Baseman No. 3825 PGA Blvd., Suite 702	ered Office, & Registered Age egistered Agent. You must designate an in the registered agent are: a & Braun, LLP ame	ndividual or another		

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Mark Healey
	6650 W. Indiantown Road, Suite
	Jupiter, FL 33458
	
	
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(Use attachment if necessary)	ALLA R
(Ose attachment if necessary)	A. W.
	52 -
CLE V: Other provisions, if any.	SSE STATE
	ताना य मार्ग इ
	nat
REQUIRED SIGNATURE:	
V 0 11 0	
Mule Heal	ly
Signature of a member or a	an authorized representative of a member
I his document is executed in accordance any false information submitted in a document.	with section 605.0203 (1) (b), Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felony
as provided for in s.817.155, F.S.	man to the makemanian or owne committee a mind position to the
-	MARKUENEY
	MARK HEALEY
ıyı	ped or printed name of signee
	Filing Fees FOrganization and Designation of Registered Age

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