

L22600289507

(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:

*received*  
*5/23/22*

Office Use Only



700387929027

05/23/22--01016--006 \*\*150.00

S. CHATHAM

JUN 28 2022

22 MAY 23 AM 3:56



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 16, 2022

ANTHONY PECONE  
3501 N. OCEAN DRIVE, APT 7F  
HOLLYWOOD, FL 33019 US

SUBJECT: PREMIER LABOR BENEFITS, LLC  
Ref. Number: W22000081776

We have received your document for and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the title(s) of each officer in your document.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham  
Regulatory Specialist II  
New Filing Section

Letter Number: 922A00013466

22 MAY 23 AM 3:56  
RECEIVED  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

# ENVISAGE LAW

A PINNA BILLER BURWELL BLACK AND FINCH FIRM

2601 Oberlin Road, Suite 100  
Oaks of Fairview  
Raleigh, North Carolina 27608  
Tel: 919-755-1317

Mailing Address:  
Post Office Box 31788  
Raleigh, NC 27622  
bpinna@envisage.law  
Facsimile: 919-782-0452

May 13, 2022

Florida Department of State  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

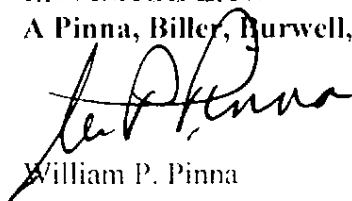
Re: Premier Labor Benefits, LLC

To whom it may concern:

Please see the enclosed Articles of Conversion for "Other Business Entity" into a Florida Limited Liability Company and the Articles of Organization for Premier Labor Benefits, LLC. Also enclosed is a check in the amount of \$150.00 to cover the filing fees for the enclosed documents.

Very truly yours,

ENVISAGE LAW  
A Pinna, Biller, Burwell, Black & Finch Firm



William P. Pinna

WPP/CBC  
Enclosures

22 MAY 23 AM 3:56

## COVER LETTER

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

**SUBJECT:** Premier Labor Benefits, 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:

Anthony Pecone

(Contact Person)

(Firm/Company)

3501 N. Ocean Drive, Apt 7F

(Address)

Hollywood, FL 33019

(City, State and Zip Code)

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

For further information concerning this matter, please call:

Anthony Pecone

at (954) 654-5630

(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)

☒ \$150.00 Filing Fees  
(\$25 for Conversion  
& \$125 for Articles  
of Organization)

☐ \$155.00 Filing Fees  
and Certificate of  
Status

☐ \$180.00 Filing Fees  
and Certified Copy

☐ \$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

22 MAY 23 AM 3:56  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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:  
Premier Labor Benefits, 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 North Carolina  
(Enter state, or if a non-U.S. entity, the name of the country)

on February 9, 2004  
(date of organization, formation or incorporation)

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

22 MAY 23 AM 3:56  
RECEIVED  
FLORIDA DEPARTMENT OF STATE

Signed this 1st day of April 2022.

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

Signature of Authorized Representative: Anthony Pecone

Printed Name: Anthony Pecone Title: Manager/Member

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

Signature: Anthony Pecone

Printed Name: Anthony Pecone Title: Manager/Member

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)

22 MAY 23 AM 3:56

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Premier Labor Benefits, LLC

(Must contain the words "Limited Liability Company," "LLC," or "L.L.C.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### Principal Office Address:

3501 N. Ocean Drive, Apt 7F  
Hollywood, FL 33019

### Mailing Address:

3501 N. Ocean Drive, Apt 7F  
Hollywood, FL 33019

## 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:

Anthony Pecone

Name

3501 N. Ocean Drive, Apt 7F

Florida street address (P.O. Box **NOT** acceptable)

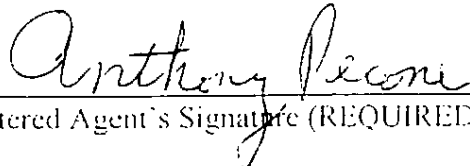
Hollywood

FL 33019

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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 MAY 23 AM 3:56  
FLO  
FLO

**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

MGR

Name and Address:

Anthony Pecone

3501 N. Ocean Drive, Apt 7F

Hollywood, FL 33019

LISA PEONE

116 ROSEBORN DRIVE

CARY, NC 27518

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:

Anthony Pecone

**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.

Anthony Pecone, Manager/Member

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)

22 MAY 23 AM 3:56  
RECEIVED  
STATE OF FLORIDA  
DEPARTMENT OF STATE