# L22600523675

(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

TO: New Filing Se Division of Co					
SUBJECT: Nesco Le	•				
300,000	(Name of Res	sulting Florida Limit	ed Con	npany)	
		•		nd fees are submitted to convert an "Cocordance with s. 605.1045, F.S.	Othe
Please return all corre	spondence concernin	g this matter to:			
Brian Lansu					
	(Contact Person)		•		
The Lansu Law Firm					
	(Firm/Company)		•		
6801 W. Roosevelt Roa	d				
	(Address)		•		
Berwyn, IL 60402					
(C	ity. State and Zip Code)				
blansu@lansulaw.com					
E-mail Address: (to be	used for future annual re	port notifications)			
For further informatio	n concerning this ma	tter, please call:			
Brian Lansu	C	-	738-	7700	
(Name of Contac	t Person)	_at ( 847	)	rtime Telephone Number)	
	r the following amou	int: (All checks p		sed by this office must be payable in	US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Addre	<u>ess:</u>		Stree	t Address:	
New Filing Section			New	Filing Section	
Division of Co P.O. Box 6327				ion of Corporations Centre of Tallahassee	
r.O. BOX 0327			ane C	zenue of Tahanassee	<b>€</b>

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

### **Articles of Conversion**

For

### "Other Business Entity"

into

#### Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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:  Nesco Leasing Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (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)
(Enter state, or if a non-U.S. entity, the name of the country)
October 6, 2022
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Nesco Leasing 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 29th day of November	
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	loll A
Printed Name: Carlo Buonavolanto	Title: Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Carlo MA	
Printed Name: Carlo Buonavolanto	Title: President
Signature:Printed Name:	7541
ranted Name:	
Signature:	
Printed Name:	Title:
Cionatura	
Signature: Printed Name:	Title
Timed Paine.	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Office
If Directors or Officers have not been selected, an Inc	
	or production and an arrangement
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnershin:
Signatures of ALL General Partners.	
All others: Signature of an authorized person.	
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)

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#### ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Carlo Buonavolanto
	15936 Double Eagle Trail
	Delray Beach FL 33446
MGR	Joseph Buonavolanto, Jr.
	15936 Double Eagle Trail
	Delray Beach FL 33446
	·
(Use attachment if necessary)	
CLE V: Other provisions, if any,	
REQUIRED SIGNATURE:	
_ Callo MF	

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.

Carlo Buonavolanto - Authorized representative of member

Typed or printed name of signee

## Filing Fees

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE I - Na The name of the I	t <b>me:</b> Limited Liability Compan	y is:				
Nesco Leasing LLO						
(N	fust contain the words "Limited I.	iability Company, "L.L.C.," or "LLC.")				
ARTICLE II - A The mailing addre		he principal office of the Limited	d Liability Company is:			
Principal Office Address:		Mailing Address:	Mailing Address:			
15936 Double Eagle Trail		15936 Double Eagle Trail				
Delray Beach FL L		Delray Beach FL US 33446				
	Carlo Buonavolanto	Vame				
	1	Name				
	15936 Double Eagle Trai	Ι				
	Florida street address	(P.O. Box NOT acceptable)				
	Delray Beach	FL 33446				
	City	Zip				
liability com registered agen statutes relati	pany at the place designat t and agree to act in this c ng to the proper and comp bligations of my position o	and to accept service of process for ed in this certificate, I hereby accapacity. I further agree to complete performance of my duties, and is registered agent as provided for Signature (REQUIRED)	cept the appointment as ly with the provisions of all and I am familiar with and			
	(CON	TINUED)	2022 DEC -6 AH IO: 45			