

422000524195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

08/01/22--01036--008 \*\*150.00

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

7422000524195

T. SCOTT

DEC 15 2022

2022 DEC - 11 AM 12:52  
U.S. DEPT. OF COMMERCE  
DIVISION OF CORPORATIONS  
U.S. CORPORATION

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 9, 2022

ALEX ENGLARD  
301 MILL RD STE U-5  
HEWLETT, NY 11557

SUBJECT: QUARPROD LLC  
Ref. Number: W22000102759

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

Kansas llc can only convert to Florida.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 022A00017737

## COVER LETTER

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

**SUBJECT:** QUARPROD 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:

ALFRED ENGLARD

(Contact Person)

INTERSTATE FILINGS LLC

(Firm/Company)

301 MILL ROAD STE U5

(Address)

HEWLETT, NY 11557

(City, State and Zip Code)

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

For further information concerning this matter, please call:

ALEX ENGLARD at (718) 569-2703  
(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

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:  
QUARPROD 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 KANSAS  
(Enter state, or if a non-U.S. entity, the name of the country)

on 8/09/2021  
on \_\_\_\_\_  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  
QUARPROD 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.

FILED  
DECEMBER 1 AM 12:55  
2021  
FLORIDA  
DIVISION OF CORPORATIONS  
ALL INFORMATION CONTAINED  
HEREIN IS UNPUBLISHED  
AND IS NOT SUBJECT TO  
PUBLIC RECORD  
SEARCH

Signed this 23 day of AUGUST 20 22.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: \_\_\_\_\_  
Printed Name: Joel Paroz Title: AUTHORIZED SIGNER

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

Signature: JOEL PAROZ  
Printed Name: Joel Paroz Title: AUTHORIZED SIGNER

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 FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE 1 - Name:**

The name of the Limited Liability Company is:

QUARPROD LLC

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

## ARTICLE II - Address:

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

**Principal Office Address:**

**Mailing Address:**

2681 Roosevelt Blvd., Apt. 10291

2681 Roosevelt Blvd., Apt. 10201

Clearwater, FL 33760

Clearwater, FL 33760

**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:

## INTERSTATE AGENT SERVICES LLC

Name:

100 SE 2ND STREET, SUITE 2000 #209

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

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*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, ES.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

DR. G. J.  
W. H. H. DR. G. J.  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member  
"MGR" = Manager  
Member

Name and Address:

JOEL PAROZ  
2681 Roosevelt Blvd., Apt. 10201  
Clearwater, FL 33760

AUTHORIZED PERSON

AUTHORIZED PERSON

(Use attachment if necessary)

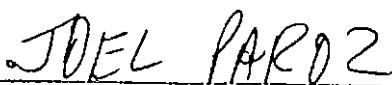
ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:

**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.

JOEL PAROZ



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)

**STATE OF KANSAS  
OFFICE OF  
SECRETARY OF STATE  
SCOTT SCHWAB**

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office,

Business Entity ID Number: 9975426

Entity Name: QUARPROD LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

was filed in this office on August 09, 2021, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of July 21, 2022

**SCOTT SCHWAB  
SECRETARY OF STATE**

Certificate ID: 1228958 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.