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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Division of C					
SUBJECT: Card Ser	vices, LLC				
3000C1.	(Name of Res	ulting	g Florida Limito	d Com	pany)
					I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this	s matter to:		
Roger Watzman					
	(Contact Person)				
Card Services, LLC					
	(Firm/Company)				
651 Holiday Dr., Foste	er Plaza 5, Suite 400				
	(Address)				
Pittsburgh PA 15220					
((City, State and Zip Code)				
roger.watzman@cardo	connectus.net				
E-mail Address: (to b	e used for future annual re	port r	notifications)		
For further informati	on concerning this ma	lter,	please call:		
Gene Tempesta		at	(412	901-7	487
(Name of Conta	ect Person)		(Area Code)	(Dayt	time Telephone Number)
	or the following amou a bank located in the			rocess	ed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status		\$180.00 Filing I Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add					Address:
New Filing S Division of C					Filing Section on of Corporations
P.O. Box 632					entre of Tallahassee
Tallahassee,					N. Monroe Street, Suite 810

Tallahassee, FL 32303

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: Card Services, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a [Imited liability company] (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(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)
June 22, 2012 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:
Card Services, 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.)
<u>Note:</u> 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 thi	s 3rd day of April	20_2.3
	of Authorized Representative of	
Signature	of Authorized Representative:	En 16~
Printed Na	me: Eugene P. Tempesta	Title: Legal Counsel
Signature	(s) on behalf of Other Business Ent	ity: See below for required signature(s)
a .	6. 06	
Signature:	Tompesta	Title: Legal Counsel
Printed Na	ime: cugerie r Tempesta	Title, Legal Counsel
Signature:		
Printed Na	ame:	Title:
Signature:		Title:
Printed Na	ime:	Title:
Simature		
Printed Na	me.	Title:
Timed Iva	ane.	The.
Signature:		
Printed Na	ame:	Title:
G:		
Printed ina	ime:	Title:
If Florida	Corporation:	
	of Chairman, Vice Chairman, Directo	or, or Officer.
If Director	s or Officers have not been selected,	an Incorporator must sign.
	General Partnership or Limited L	iability Partnership:
Signature	of one General Partner.	
If Florida	Limited Partnership or Limited Li	ability Limited Partnership:
	of ALL General Partners.	
All others		
Signature (of an authorized person.	
Fees:		
Аг	ticles of Conversion:	\$25.00
	es for Florida Articles of Organizati	
	ertified Copy:	\$30.00 (Optional)
	ertificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Card Services, LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Card Services, LLC	Card Services, LLC
780 S. Sapodilla Ave., Unit #511	651 Holiday Dr, Foster Plaza 5, Ste 400
West Palm Beach FL 33401	Pittsburgh PA 15220
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	red Agent. You must designate an individual or another
Roger Watzman	
Name	
780 S. Sapodilla Ave., Unit #51	
Florida street address (P.O.	Box NOT acceptable)
West Palm Beach	FL ³³⁴⁰¹
City	Zip
Harrison knows a way of an ampleton of an ant and to	accent service of provess for the above stated limits

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:

E V: Other provisions, if any.	<u> Fitle:</u>	Name and Address:
Roger Watzman 651 Holiday Dr., Foster Plaza 5, Suite 400 Pittsburgh Pa 15220 Roger Watzman GS1 Holiday Dr Foster P Suite 400 Pittsburgh Pa 15226 Use attachment if necessary) E V: Other provisions, if any. 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. 1 am aware the any false information submitted in a document to the Department of State constitutes a third degree felo as provided for in s.817.155, F.S. Typed or printed name of signec Filling Fees		प्राप्त करते । जन्म क्षेत्र कर इ.स.च्या
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