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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.

Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: AMERICA'S PALLET SOLUTION'S TNC (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)
on 12/9/22 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: AMERICA'S PALLET SOLUTIONS 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.
2024 2024

Signed this 10 day of JUNE	20 <u>24</u>	
Signature of Authorized Representative of Lin	nited Liability Company:	
Signature of Authorized Representative: Printed Name: PAUL J FALAZZOLO	Viille: PILESIDENT	
Signature(s) on behalf of Other Business Entity: Signature:	[See below for required signature(s)]	
Signature:Printed Name:		
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an If Florida General Partnership or Limited Liabi	ncorporator must sign.	
Signature of one General Partner. If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.	lity Limited Partnership:	
All others: Signature of an authorized person.		2ú24
Fees:)4 J
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy:	\$30.00 (Optional)	<u>-</u> -
Certificate of Status:	\$5.00 (Optional)	ب 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMERTCA'S PALLET S (Must contain the words "Limited Liability	SOLUTIONS LLC"
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
808 EVERGREEN WAY LONGBOAT KEY, FL 34228	808 EYERGRETEN WAY LONGBOAT KEY EL 34228
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 re PAULU: PAUAZZ Name	gistered agent are:
808 EVERGREEN Florida street address (P.O. LONGBOAT KEY City	WAY Box NOT acceptable) FL 3425 Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete po	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S.
Registered Agent's Signa	autre (REQUIRED)
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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Fitle:</u>	Name and Address:	
'AMBR" = Authorized Member 'MGR" = Manager AMBL	ROSALINE PALAZ	2010
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REQUIRED SIGNATURE:	Jalazolo.	- CC
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance.	an authorized representative of a med with section 605.0203 (1) (b), Florida Statutes and the Department of State constitutes a the	cmber I am aware
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes ament to the Department of State constitutes a th	cmber I am aware
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes	cmber I am aware