P1700067220

(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:			

Office Use Only

616ms8422

AUG 1 0 2017

T. SCOTT



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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 8, 2017

ANABELLA PERELLO 1600 PONCE DE LEON BLVD STE 808 CORAL GABLES, FL 33134

SUBJECT: CONTRACTING SERVICES LIMITED

Ref. Number: W16000084222

We have received your document for CONTRACTING SERVICES LIMITED and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Conversion 4 needs LLC suffix,P17000048444-CONTRACTING MANAGEMENT SERVICES, INC.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing ontity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return 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

Letter Number: 517A00011670

COVER LETTER

TO:	Charter Section Division of Co			
SUBJ	FCT: Contracting	g and Agency Services, Lin	nited	
3000	LC1	Name of	Resulting Florida Profit	Corporation
			es of Incorporation, and f ecordance with s. 607.11	ees are submitted to convert an "Other Business 15. F.S.
Please	return all corres	pondence concerning th	is matter to:	
Anabe	lla Perello			
		Contact Person		
Global	Trust Manageme	nt US Branch		
		Firm/Company		
1600 P	once de Leon Bly	d. Ste. 808		
		Address		
Coral (Gables, FL, 33134			
		City, State and Zip Cod	e	
legal@	globaltrustm.com			
Ē	-mail address: (t	o be used for future ann	ual report notification)	
For fur	ther information	concerning this matter.	please call:	
Anabel	la Perello		_at ()_37955	51
_	Name of Co	ontact Person	Area Code and	Daytime Telephone Number
Enclos	ed is a check for	the following amount:		
♬ \$10:	5.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fees and Certified Copy	■\$122.50 Filing Fees, Certified Copy, and Certificate of Status
	ET ADDRESS:			ING ADDRESS: illings Section
	on of Corporation	ns		on of Corporations

Clifton Building
2661 Executive Center Circle
Tallahassee. FL 32301

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Certificate of Conversion For "Other Business Entity" Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115. Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:									
Contracting Services, Limited									
Enter Name of Other Business Entity									
2. The "Other Business Entity" is a									
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)									
first organized, formed or incorporated under the laws of Delaware									
(Enter state, or if a non-U.S. entity, the name of the country)									
January 8, 2008									
Enter date "Other Business Entity" was first organized, formed or incorporated									
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:									
·									
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:									
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> : Contracting and Agency Services, Inc									

Page 1 of 2



Signed this day of	. 20 16					
Required Signature for Florida Profit Corporation:	Required Signature for Florida Profit Corporation:					
Signature of Chairman, Vice Chairman, Director, Offic Incorporator: Printed Name: Ivann Paino Title: Director	er, or, if Directors or Officers have not been selected, an					
Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]						
Signature:						
Printed Name: Ivanni Patino	Title: Director					
Signature:						
Printed Name:						
Signature:						
Printed Name:						
Signature:						
Printed Name:						
Signature:						
Printed Name:	Title:					
Signature:						
Printed Name:	_ Title:					
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.						
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:					
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.						
All others: Signature of an authorized person.						
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)					

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Contracting and Ag	ency Services, Inc	
The name of the corporation shall be:		
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
Principal street address	Mailing address, if diffe	rent is:
1600 Ponce de Leon Blvd. Ste. 808		
Coral Gables, FL, 33134		
ARTICLE III PURPOSE The purpose for which the corporation is organized is:		
All lawful purposes		
		
		
		
		· ·
ADTICLE III SUADES		
ARTICLE IV SHARES The number of shares of stock is:		•••
		TORIUS TORIUS
ARTICLE V INITIAL OFFICERS AND/OR D		三
Name and Title:	Name and Title:	5
Address: 1600 Ponce de Leon Blvd. Ste. 808		
Coral Gables, FL, 33134	Address:	
Name and Title:	Name and Title:	
		
Address:	Address:	
Non-cond Title		
Name and Title:	Name and Title:	
Address:	Address:	
	 	

ARTICL	E VI REGISTERED AGENT		
	and Florida street address (P.O. Box NOT ac	ceptable) of the registered agent is:	
Name:	Global Trust Management US Branch Inc.		
Address:	1600 Ponce de Leon Blvd. Ste. 808		
	Coral Gables, FL, 33134		
ARTICL	E VII INCORPORATOR		
The name	and address of the Incorporator is:		
Name:	Ivanni Patino		
Address:	1600 Ponce de Leon Blvd. Ste. 808		
	Coral Gables, FL, 33134		
******	*****************	******	
Having be this certifi	en named as registered agent to accept service icate, I am familiar with and accept the appoint.	of process for the above stated corporation at the place designat nent as registered agent and agree to act in this capacity	ed in
	June 1	10/18/2016	
	Required Signature/Registered Agent	Date	
I submit ti document	his document and affirm that the facts stated h to the Department of State constitutes a third d	erein are true. I am aware that any false information submitted gree felony as provided for in s.817.155, F.S.	t in a
	Jui-	10/18/2016	
	Required Signature/Incorporator	Date	