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(Re	equestor's Name)	
(Ác	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
		MAIL
(Bu	siness Entity Nam	e)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
-	Office Use Only	,





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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088

Date:	01/03/2019	
	Jennifer Bialowas	_
Reference #:	1032565	_
Entity Name:	STS WORKFO	RCE SOLUTIONS, INC.
Article	s of Incorporation/Authorizatio	n to Transact Business
Ameno	dment	
🗌 Chang	ge of Agent	
🗌 Reinst	atement	
🖌 Conve	ersion	
🗌 Merge	r	
🗌 Dissol	ution/Withdrawal	
Fictitic	ous Name	
Other_		
Authorized A Signature:	$\sqrt{-1}$	

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FIEUROPEAN HQ COGENCY GLOBAL (UK) LIMITED REGISTERED IN ENGLAND & WALES REGISTER - 501072 6 LLOYDS AVE, UNIT 4CL LOTIDON EC3N 3AX -44 (0)20.3961.3080 ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG UMITED COMPANY
UNIT B, VF, LIPPO LEIGHTON TOWER
HO3 LEIGHTON RD, CAUSEWAY BAY
HONG KONG
P: +852.2682.9633
F: +852.2682.9790

Certificate of Conversion				
For				
Florida Profit Corporation				
Into				
"Other Business En <u>tity"</u>				



This Certificate of Conversion is submitted to convert the following Florida Profit Corporation into an "Other Business Entity" in accordance with s. 607.1113, Florida Statutes.

1. The name of the Florida Profit Corporation converting into the "Other Business Entity" is:

STS Workforce Solutions, Inc.

Enter Name of Florida Profit Corporation

2. The name of the "Other Business Entity" is:

STS Workforce Solutions, LLC

Enter Name of "Other Business Entity"

limited liability company

Delaware

organized, formed or incorporated under the laws of _________(Enter state, or if a non-U.S. entity, the name of the country)

4. The above referenced Florida Profit Corporation has converted into an "Other Business Entity" in compliance with Chapter 607, F.S., and the conversion complies with the applicable laws governing the "Other Business Entity."

5. The plan of conversion was approved by the converting Florida Profit Corporation in accordance with Chapter 607, F.S.

6. If applicable, the written consent of each shareholder who, as a result of the conversion, is now a general partner of the surviving entity was obtained pursuant to s. 607.1112(6), F.S.

7. This conversion was effective under the laws governing the "Other Business Entity"

January 3, 2019

on:__

8. This conversion shall be effective in Florida on: _____

January 3, 2019

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")

9. The "Other Business Entity's" principal office address, if any:

2000 NE Jensen Beach Boulevard

Jensen Beach, Florida 34957

10. If the "Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Other Business Entity":

a.) Appoints the Florida Secretary of State as its agent for service of process in a proceeding to enforce obligations of the converting Florida profit corporation, including any appraisal rights of shareholders of the converting Florida profit corporation under ss. 607.1301-607.1333, Florida Statutes.

b.) Lists the following street and mailing address of an office, which the Florida Department of State may use for purposes of s. 607.1114(4), Florida Statutes.

Street Address:	2000 NE Jensen Beach Boulevard		
	Jensen Beach, Florida 34957		
Mailing Address:	2000 NE Jensen Beach Boulevard		
	Jensen Beach, Florida 34957		

11. The "Other Business Entity" has agreed to pay any shareholders having appraisal rights the amount to which they are entitled under ss.607-1301-607.1333, F.S.

Signed	d this3	Brdday of _	January	
Signat	ure: Ref	e-f.		
(Must	be signed by a C	Chairman, Vice Chai een selected, an Inco	rman, Director, Officer	r, or, if Directors
		o J. Anson, Jr.	•	ector
Fees:	Filing Fee:	\$35.00		
	Certified Copy:	\$8.75 (0	Optional)	
	Certificate of Sta		Optional)	

Page 2 of 2