· L17000243655

(Requestor's Name)
(Address)
(
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(DOCUMENT NUMBER)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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T. BURCH NOV 29 2017

COVER LETTER

TO: New Filing So Division of C			
SUBJECT:	LUXUCY B (Name of Res	rooms Clean oulting Florida Limited Con	ing Solutions LLC
		<u> </u>	d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
Jorge	(Contact Person) MC (Jeynny So (Firm/Company)	celyo_	
Luxury Bras	ms deaning So (Firm/Company)	whens Inc	
4827- Fox h	(Fiduress)		
	ity. State and Zip Code)		
E-mail Address: (to be	ns Q Gray. Go e used for future annual re	port notifications)	
•	on concerning this mat	•	
Juge 0. (Name of Conta	Haleego	at (<u>444</u>) 5 (Area Code) (Day	38 -8826 time Telephone Number)
	or the following amou a bank located in the	•	ed by this office must be payable in US
\$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
STREET ADDRESS New Filing Section Division of Corporati Clifton Building	ons	MAILING A New Filing S Division of C P. O. Box 633	ection orporations 27
2661 Executive Center	er Circle	Tallahassee, FL 32314	

Tallahassee, FL 32301

Articles of Conversion For "Other Business Entity"

Into

Florida Limited Liability Company

FILED 17 NOV 27 AM 9: 55

SUCRETARY OF STATE ALLAHASSEE, FLORIDA

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:
Wayy Brooms Cleaning Silvhons Inc. (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation. limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
on 11 20 2017 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Lixury Brains dealing Solihous Lie
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 11 25 2517.
(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.

Signed this 22 day of Wulnter	_20
Signature of Authorized Representative of Links	ted Lialyility Company:
Signature of Authorized Representative: Printed Name: Jeyge W.L. Helicogo	Tipe: Wesicen Hunger
Signature(s) on behalf of Other Business Entity:	
Signature: Joy Shaye Printed Name: Joy COL HILLOGS	<i>O</i> - 0- 0- 1
Printed Name: 1 JUME ONC 14/10/093	Title: WeJicleAT
Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	
Sionature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
S' contrar	
Signature:Printed Name:	Tida
France Name.	Title.
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
16 F1 - 11 - C 1 D 1 1 1 1 1 1	A. Danes and Car
If Florida General Partnership or Limited Liabili Signature of one General Partner.	W Partnersnip:
Signature of one General Farmer.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
A.B. of	
All others: Signature of an authorized person.	
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 I - Name:

The name of the Limited Liability Company is:

July Brooms Cleaning Solutions 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:
4827 Foxtail Palm ct 4827 Foxtail Palm ct Greenacres, FL 33463 Greenacres, FL 33463
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: OYGE ON L HULLYO Name 4827-FXMI PAM CT Florida street address (P.O. Box NOT acceptable)
Green (M) FL 37463 City Zip
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 al 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)

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

MGR" = Manager MGR Jorge Out fidulgo 4827 Fox kul PAIM of Greenotres for 33443 MANIENY HORGANTA WERT CODS 121 3340 (Use attachment if necessary) CLE V: Other provisions, if any.	<u>Title:</u>	Name and Address:
(Use attachment if necessary) CLE V: Other provisions, if any.	<u>maa</u>	MARIENY MARGARITA Lidaly o 4827 Fox Kul Palm Ct
(Use attachment if necessary) CLE V: Other provisions, if any.		17 NOV 27
		9. S
	REQUIRED SIGNATURE:	
	\f y	ped or printed name of signee
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)