L23000006920

(Requestor's Name)
. 1
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(
(Document Number)
(Boodmont Hamber)
Certified Copies Certificates of Status
Certified copies
Special Instructions to Filing Officer:
Office Use Only



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W22-6459



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FLORIDA DEPARTMENT OF STATE Division of Corporations

CORPORATIONS
COMMERCIAL
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COMMERCIAL
CORPORATIONS

May 18, 2022

THOMAS J. ABTS 17591 CYPRESS POINT ROAD FORT MYERS, FL 38967

SUBJECT: TA PRESSURE WASHING, LLC

Ref. Number: W22000064594

We have received your document for TA PRESSURE WASHING, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your conversion application is incomplete. The correct application is enclosed. Please complete and return all pages, including the Articles of Organization. No additional fees are due.

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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 822A00011315

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www.sunbiz.org

COVER LETTER

TO: New Filing Section Division of Corporations	
	Dashing LLC ulting Florida (inhited Company)
The enclosed Articles of Conversion, Articl	les of Organization, and fees are submitted to convert an "Other ability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:
Thomas J. Apts (Contact Person)	
(Firm/Company) 17591 Cypres Point Ro (Address)	x Q
Fort Myers F1 33967 (City, State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
E-mail Address: (to be used for future annual rep	port notifications)
For further information concerning this mat	tter, please call:
Thomas J. Aots (Name of Contact Person)	at (920) Lolor 4102 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the U	nt: (All checks processed by this office must be payable in US United States)
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$180.00 Filing Fees and Certified Copy ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

INHS11 (7/17)

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

Statutes.	a Piorida Emirica Emonity Company in accordance with 3.005.70 15, Florida
1. The name of the "Other B TA Pressure We	usiness Entity" immediately prior to the filing of the Articles of Conversion is:
	(Enter Name of Other Business Entity)
2. The "Other Business Entit	visa Corporation
(Enter entity type, 1	xample: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or in-	corporated under the laws of Florida
_	(Enter state, or if a non-U.S. entity, the name of the country)
on <u>28 Feb 2022</u> (date of organization, formatio	n or incorporation)
3. The name of the Florida I	imited Liability Company as set forth in the attached Articles of Organization:
TA Pressure	Washing LLC
(Ente	Name of Florida Linking Liability Company)
	of filing, enter the effective date:
	be prior to date of receipt or filed date nor more than 90 calendar days after
	ed by the Florida Department of State.) ock does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
5. The plan of conversion ha	s been approved in accordance with all applicable statutes.
	usiness Entity" has agreed to pay any members having appraisal rights the amount to hitled under ss. 605.1006 and 605.1061-605.1072, F.S.
	202 202

2022 JUN 13 PM 3: 27

Signed this MAY day of	31	20_22		
Signature of Authorized Re	,	ī		
Signature of Authorized Repr Printed Name: Thomas	esentative: Abys	Tille: President		
		See below for required signature(s)		
Signature: Arms Thomas T	Abts	Title: President		
Signature:Printed Name:		Title:		
Signature:Printed Name:		_Title:		
		_Title:		
		Title:		
		_Title:		
If Florida Corporation: Signature of Chairman, Vice Officers have n	Thairman, Director, or C	Officer.		
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.				
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.				
All others: Signature of an authorized per	son.			
Fees:				
Articles of Conversion Fees for Florida Artic Certified Copy: Certificate of Status:		\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the L	ne: imited Liability Company is:		
TA PO	essure Whishing strength to the words "Limited Liability"	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ac The mailing addre		ncipal office of the Limited Liabi	ility Company is:
Principal Office	ddress:	Mailing Address:	
FORT Myer	F1 33967	17591 Cypres PT. Fort Myers F1 33	<u>Raal</u> 1967
(The Limited Liability C	egistered Agent, Registered bmpany cannot serve as its own Registe active Florida registration.)	Office, & Registered Agent's Street Agent. You must designate an individua	ignature: il or another
The name and the	Florida street address of the re		
	Thomas J. P. Name 17591 Cypres Florida street address (P.O.	P+ RQ	
	Fort Myers	FL 33967 Zip	
liability comp registered agent statutes relativ	any at the place designated in and agree to act in this capaci g to the proper and complete p	accept service of process for the a this certificate, I hereby accept the ty. I further agree to comply with erformance of my duties, and I am istered agent as provided for in Cl	e appointment as the provisions of all a familiar with and
	Sundt	(DECHIDED)	
	Registered Agent's Signa	iture (KEQUIKED)	2022
	(CONTINU	J ED)	2022 JUN 13 PM
:			T

	Title:	Name and Address:	
	"AMBR" = Authorized Mei "MGR" = Manager		
	MEB	Thomas J. Abtes 17591 Cypress Pt R.D Fort Myers F1 33967	
			2022 JUN
	(Use attachment if necessar	y)	JN 13 PM
ARTI	CLE V: Other provisions, if a	ny.	4 3: 2b
	REQUIRED SIGNATUR	(:) (-)	
	This document is executed in a	mber or an authorized representative of a member accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that d in a document to the Department of State constitutes a third degree felony S.S.	Y
	Thoma	Typed or printed name of signee	
		ryped or printed name or signee	