UZ30190115953

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2023

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COVER LETTER -

TO: New Filing Son Division of C	orporations				
SUBJECT:	eralc Te	mite é ulting Florida/Limileo	DeSF d Company)	dantro/	LUC
	s of Conversion, Artic a "Florida Limited Li				
Please return all corre	espondence concerning	g this matter to:			
	(Contact Person)		- 1 och		
43047	- Selvale (Firm/Company)	1 C/Mite 2	e prest	contro/	LLC.
447 Mer	(Address)				
Tallohan	Tee TU 323 City, State and Zip Code)	°0/			
_selrale	Desteg well e used for future annual rej	com.			
For further information	on concerning this mat	ter, please call:			
Charles (Name of Confa	Afeser ct Person)	_at (<u>\$70</u>) (Area Code)	363-3 (Daytime Tele	ephone Number)	
	for the following amou a bank located in the l		ocessed by the	his office must be p	payable in US
□ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	DS155.00 Filing Fees and Certificate of Status	□\$180.00 Filing F and Certified Copy	Certific	5.00 Filing Fees, ed Copy, and cate of Status	
Mailing Addi New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7	N D T	=	ection	10

Tallahassee, FL 32303

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Selvano Termite é lest Control Ivo. (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Cofforation</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of <u>Florida</u> (Enter state, or if a non-U.S. entity, the name of the country)
on 29, 2021 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Selva Re Termite & Pest Control, LLC. (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 3/14/2023
(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 day of	_20 <u> </u>
Signature of Authorized Representative of Limi	•
Signature of Authorized Representative:	Title pirector
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature Jimmed Peterson Printed Nation: Jimmed Peterson	
Signature: Charles Peterson Printed Name: Charles Peterson	3.6
Printed Name: Charles feteron	Title: "Ifrector"
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature: Printed Name:	70.1
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	ris:
Selvahe Termite f (Must contain the words "Limited Lia	fest Control LLC. bility Company, "L.L.C.," or "LLC."
ARTICLE II - Address:	a principal office of the Limited Liebility Company is:
The maning address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
447 Mer/92 Wax	Sque
447 Mer PN Wax Tallahasser, pl. 32301	
ARTICLE III - Registered Agent, Registe	ered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

business entity with an active Florida registration.)

ARTICLE I - Name:

Charles Peterson

(The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another

Florida street address (P.O. Box NOT acceptable)

Tallahasse, FL 3230/ 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 all 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)

(CONTINUED)

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager "Cfo"	Jimmeal Peterson 447 Merlin Way Tall., FL 32301
Dector"	Tall., 14 32301 Charles peterson 447 merlin way Tall., 12, 32301
	2023
(Use attachment if necessary)	
CLE V: Other provisions, if any.	<u> </u>
REQUIRED SIGNATURE:	
Signature of a member or	an authorized representative of a member
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. I am aware the ament to the Department of State constitutes a third degree felocytes as the constitutes as the degree felocytes as the constitutes as th

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)