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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE TALLAHASSEE. FLORIDA



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TRANSMITTAL LETTER

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03 DEC 22 PM 12: 05 Division of Corporations SECRETARY OF STATE TALLAHASSEE, FLORIDA Cyr & Sons LLC
(Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jason Cyr
(Name of Person) Cyr & Sons LLC
(Firm/Company) 1021 SE 8th Terr 4D
(Address) Cape Coral FL 33990
(City/State and Zip Code) For further information concerning this matter, please call:

Tason Cyr

(Name of Person)

at (239) 281-2675

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

FILED

CERTIFICATE OF CONVERSION

03 DEC 22 PM 12: 05

Pursuant to section 608.439, Florida Statutes, the following unincorporated business efficiency AHASSEE, FLORID, hereby submits the <u>attached articles of organization</u> and this certificate of conversion to convert to a Florida limited liability company:

• • •
FIRST: The name of the unincorporated business immediately prior to filing this document was: Robert J. Cyr
Traver - cyl
SECOND: The date on which and the jurisdiction in which the unincorporated business was first created or otherwise came into being are: A. Date: Mach / 1988 B. Jurisdiction: Lee County C. If different from the above noted jurisdiction, the jurisdiction immediately prior to
its conversion:
THIRD: The name of the limited liability company as set forth in the <u>attached</u> articles of organization is:
Cyr & Sons LLC
Je Gy
Signature of a Member of an Authorized Representative of a Member
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Jason Cyr Typed or Printed Name of Signee
Typed or Printed Name of Signee

FILING FEES:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Filing Fee for Registered Agent Designation
\$ 25.00 Filing Fee for Certificate of Conversion
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

The state of the state (options)

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

FILED

03 DEC 22 PM 12: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ALLANASSEE, FE
ARTICLE I - Name: The name of the Limited Liability Company is:	
• • •	110
Cyr & Sons	LLC
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1941 SE 26" St	1021 SE 8# Terr4D
Cape Coral FL 33904	1021 SE 8th Terr4D Cape Gral FL 33990
•	
ARTICLE III - Registered Agent, Registered (Office, & Registered Agent's Signature:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Robert J. Gr

Name

1941 SE 26" SF

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

Cape Cora (FLORIDA 33904)

City, State, and 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 608, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
m GR	Robert J. Cyr 1941 SE 26+ St
	1941 SE 264 St
	Cape Coral FL 33904
MGR	Jason Gr
	1021 SE 8+ Terr 4P
	1021 SE B+ Terr 4D Cape Coral FL 33990
·	
	we we
	<u> </u>
(Use attachment if necessary)	
	e added if an effective date is requested.
REQUIRED SIGNATURE:	:
Robert J. Co	7
Signature of a member or an	uthorized representative of a member.
of this document constitutes an a that the facts stated herein are tr	
Robert C Typed or pr	J. Cyr
Typed or pr	inted name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)