# W900056363

## Tawanda Johnson. 10020 Perthonine Cir Land O'Lakes, Fl. 34638

(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	

Certificates of Status

Special Instructions to Filing Officer:

Certified Copies

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2009 JUN TO AM 8: 21

M. THOMAS

JUN 1 1 2009

EXAMINER



### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 12, 2009

TAWANDA JOHNSON 10020 PERTHSHIRE CIR LAND O LAKES, FL 34638

SUBJECT: YOURS IS MINE LAWN CARE LLC

Ref. Number: W09000022400

We have received your document for YOURS IS MINE LAWN CARE LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or any incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 409A00016157

### **Certificate of Conversion**

For

### "Other Business Entity"

Into

### Florida Limited Liability Company

This Certificate 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.608.439, Florida Statutes.
Company in accordance with s.608.439, Florida Statutes.  1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:  (Enter Name of Other Business Entity)  2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership sole proprietorship,
first organized, formed or incorporated under the laws of
on Q (Enter state, or if a non-U.S. entity, the name of the country)
(Enter date "Other Business Entity" was first organized, formed or incorporated)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Limited Liability Company as set forth in the attached  Articles of Organization:  (Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date:\_\_\_

(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 listed in the attached Articles of Organization, if an effective date is listed therein.)

•				
Signed this <b>a</b> day of May	_ <sub>20</sub>			
Signature of Member or Authorized Represents	ative of Limited Liability Com	pan <b>√</b> :∖	$\cap$	ر
Signature of Member or Authorized Representative Printed Name:	e: Duranda Title: Owner	- X	9K	
Signature(s) on behalf of Other Bysiness Entity:  Signature:  Printed Name:	See below for required signatu	re(s).		
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:		<b>~</b> .	
Signature:Printed Name:		三名	2009 JUN	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In		ARY OF ST	10 AH	TI
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:		8:21	٠٠
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:			
All others: Signature of an authorized person.				
Fees:				
Certificate 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

**ARTICLE 1 - Name:** 

The name of the Limited Liability Company is:  Out   Club   Club
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
ARTICLE III - Registered Agent, Registered Office, & Registered Agent \$\sigma_{\sqrt{2}} \sqrt{\lambda} \
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:  Tawanda - Johnson  10020 Perth Shire Cir  Florida queet aggress (P.O. HOX NOI acceptable)  Land O'Lakes, 71 34 638  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, F.S.  Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

# ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Name and Address: Name and Address: Name and Address: (Use attachment if necessary) (Use attachment if necessary) (The effective date: 1) cannot be prior to nor more than 90 Odys after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective

REQUIRED SIGNATURE

date is listed therein.)

Signature of a member or 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.)

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)

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