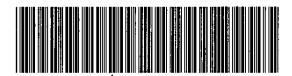
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(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	NL.
(Business Entity Name) .	 -
(Document Number)	 .
Certified Copies Certificates of Status	<u> 1891) -</u> 1
Special Instructions to Filing Officer:	

Office Use Only

W09000044178



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D. BRUCE

OCT 13 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Community Lawn Service LLC. (Name of Resulting Florida Limited Company)	
The enclosed Certificate of Conversion, Articles of Organization, and fees are submonvert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.	nitted to
Please return all correspondence concerning this matter to:	
George Mercado (Contact Person) (DMMUNITY LOWN SERVICE (Erm/Company) 17955 NW 21 St (Address) Pembroke Pines FL 33029 (City, State and Zip Code)	09 OCT 12 AM II: 54 SECRETARY OF STATE TAILAHASSEE, FLORIDA
For further information concerning this matter, please call:	
(Name of Contact Person) at (954) 226-2077 (Area Code and Daytime Telephone Num	mber)
Enclosed is a check for the following amount:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 ,
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	



October 5, 2009

GEORGE MERCADO 17955 NW 21 ST PEMBROKE PINES, FL 33029

SUBJECT: COMMUNITY LAWN SERVICE LLC

Ref. Number: W09000044178

We have received your document for COMMUNITY LAWN SERVICE 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):

The attached form must be completed in order to file the document.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 609A000321

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.

1. The name of the "Other Business Entity" immediately prior to the filing of this
Certificate of Conversion is: Community Lawn Service 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 Florida (Enter state, or if a non-U.S. entity, the name of the country)
on 501208 (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 counting a 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:
Community Lawn Service LLC.
(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; AND 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 29 day of September	20 09 .	•
Signature of Member or Authorized Represent	ative of Limited Liability Co	ompany:
Signature of Member or Authorized Representativ Printed Name: GEORGE MERCADO	e: BLOCK MERCA Title: TRESIDENT	
Signature(s) on behalf of Other Business Entity:		ıture(s).]
Signature: MORGON PAKIET-MERCADO	OTitle:TP	24
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	_ _
Signature:Printed Name:	Title:	
Signature:Printed Name:		 -
Printed Name:	Title:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or	Officer.	
If Directors or Officers have not been selected, an In-	corporator must sign.	26 9
If Florida General Partnership or Limited Liabili	ty Partnership:	
Signature of one General Partner.		ASS ASS
If Florida Limited Partnership or Limited Liabili	ty Limited Partnershin:	Eq ≥ m
Signatures of ALL General Partners.		
All others:		D. S. IV. S. IV. S. IV. S. IV. IV. S. IV. IV. S. IV. IV. IV. IV. IV. IV. IV. IV. IV. IV
Signature of an authorized person.		A
<u>Fees:</u>		
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

. S.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Community Lawn (Must end with the words "Limited Liability	Service LLC ty Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
17955 NW 21 ST PEMBROKE PINES, FL 33029	17955 NW 21 ST PEMBROKE PINES, FL 33029
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individuation anoth
The name and the Florida street address of the re	C Promote 1
<u>GEORGE</u>	NERCADO EX
Name 17955 NW 5 Florida street address (P.O.) PEMBROKE PINES	

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 at registered agent as provided for in Chapter 608, F.S..

egistered Agents Signature (REQUIRED)

City, State, and Zip

(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:

"MGR" = Manag	per	Name and Address:
"MGRM" = Mar		
MGRM	_	George Mercado
		Pembroke Pines, FL 33029
MGRM		Margeaux Pakiel-Mercado 17955 NW 21 St Pembroke Pines, FL 33029
		Temo par (the)
	<u> </u>	
 	_	
(Use attachment	if necessary)	
(400		
CLE V: Effective	date, if other than the da	ate of filing: (OPTIONAL)
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0 days after the da		pecific and cannot be more than five business days price
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REQUIRED SIG	_ Beirise	Un uthorized representative of a member.
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<u>Filing Fees:</u> \$125.00 Filing I	Signaturita a member of this document constituthat the facts stated herein Type	on 6 3.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury are true.)
<u>Filing Fees:</u> \$125.00 Filing I of Reg	Signaturita a member of this document constitute that the facts stated herein Type	on 6 3.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury are true.)