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PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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B. BOSTICK

APR 2 0 2012

EXAMINER

COVER LETTER

TO:	Registration Se Division of Co								
CHD	_{JECT:} L&YS	•							
SUDI	IECI: _= w · ·		of Resulting Flo	orida Limi	ed Company)		_		
"Othe	er Business Entity	te of Conversion, " into a "Florida l spondence concerr	Limited Liab	ility Con	ion, and fees are	e submitted dance with	to conv s. 608.4	vert an 439, F	1 '.S.
	Mailyn	Cruz Blanco							
		(Contact Person)							
	L & Y	Services LLC							
		(Firm/Company)							
	165	E 19th St							
		(Address)							
	Hialeah	, FL 33010							
		ty, State and Zip Code	2)	····					
Yosn	nayjmc@yaho	o es	•				$\vec{\Sigma}_{co}$		
		for future annual repo	ort notifications	s)				2	
For fu	orther information	o concerning this r	natter, please	e call:			JIASS	12 APR 19	5- 60 - 3*
Maily	n Cruz Blanco		at (_786	•	322-0862			<u></u>	
	(Name of Contact	Person)	(Are	ea Code an	d Daytime Telepho	me Number)	OF STAT		; [_
Enclo	sed is a check for	the following am	ount:				IATE ORIDA) AHIII: 22	
\$25 fo) الــــــــــــــــــــــــــــــــــــ	r Conversion	\$155.00 Filing Fees and Certificate of Status	S180.00 F and Certifi		\$185.00 Fili Certified Co Certificate o	py, and			
Regist Divisi Cliftor 2661	EET ADDRESS: tration Section ion of Corporation n Building Executive Center hassee, FL 32301	ns Circle	R D P	Registrati Division (P. O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314				

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate 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.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certific Conversion is: L & Y Services, Corp			
(Enter Name of Other Business Entity)	• •		
2. The "Other Business Entity" is a Corporation			
(Enter entity type. Example: 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 <u>02/25/2010</u>			
(Enter date "Other Business Entity" was first organized, formed or incorporate	orated)		
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country und which it is now organized, formed or incorporated:	ler the l	aws of	f
4. The name of the Florida Limited Liability Company as set forth in the attached Article Organization:	SEL SEL	12 APR 19	frakça Z
L & Y Services LLC	سارين (پيرت	T.	E E
(Enter Name of Florida Limited Liability Company)	401 F1S	祖日: 23	
5. If not effective on the date of filing, enter the effective date:	ÎDA		
(The effective date: 1) cannot be prior to nor more than 90 days after the date this diffiled by the Florida Department of State; <u>AND</u> 2) must be the same as the effective datached Articles of Organization, if an effective date is listed therein.)	ocume ate list	nt is ed in t	he
6. The conversion is permitted by the applicable law(s) governing the other business entity conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting	•		on.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

Signed this April day of 13	20 <u>2012</u>	
Signature of Member or Authorized Rep		
Individual signing affirms that the facts st constitutes a third degree felony as provid	•	lse information
constitutes a tuird degree telony as provid	ed for in \$.817.155, F.S.	
Signature of Member or Authorized Repre	sentative:	
Printed Name: Mailyn Cruz Blanco	Title: Member	
Signature(s) on behalf of Other Business I	Entity: Individual(s) signing affirm(s) t	hat the facts stated in
this document are true. Any false informa s.817.155, F.S. [See Delow for required sig		s provided for in
s.o17.155, r.s. [see below for required sig	nature(s).	
Signature:		
Printed Name: Mailyn Cruz Blanco		
<u> </u>		
Signature:	Tial	
Printed Name:	fitte:	
Signature:		
Signature:Printed Name:	Title:	
Signature:Printed Name:	Apr. 1	
Printed Name:	I itle:	
Signature:		
Signature:Printed Name:	Title:	
Signature:Printed Name:		
Printed Name:	Title:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Dire	ctor, or Officer.	
If Directors or Officers have not been selected	d, an Incorporator must sign.	Acc 1
TOPE 'S COURT OF THE STATE OF	Trans. B	2
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership;	PR T
Signature of one deficial railiter.		19 SSE
If Florida Limited Partnership or Limited	Liability Limited Partnership:	Ma - I
Signatures of ALL General Partners.		AFILI OF ST
A. 10		AH II: 23 OF STATE E. FLORIDA
All others: Signature of an authorized person.		1E 23
Signature of an authorized person.		
Fees:		
Certificate of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	
	Page 2 of 2	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limite	d Liability Company is:					
L & Y Services L (Must end with the words "Lim	LC ited Liability Company, the abb	reviation "L.L.C.," or the designation "LLC.")	<u></u>			
ARTICLE II - Address The mailing address and		rincipal office of the Limited Liability	Company is:			
Principal Office Addre	ess:	Mailing Address:				
165 E 19th St		165 E 19th St				
Hialeah, FL 33010		Hialeah, FL 33010				
	ly cannot serve as its own Regist	l Office, & Registered Agent's Signa tered Agent. You must designate an individual or a				
The name and the Florid	da street address of the r	registered agent are:	- -			
	Mailyn Cruz	z Blanco	ALC: 12			
		Name				
	165 E 19t	th St	15 T			
		(P.O. Box NOT acceptable)				
	Hialeah	FL 33010	AN II: 23 Of State S. Florid			
_	City,	, State, and Zip	23 RID			
company at the place de agree to act in this capa proper and complete per	signated in this certificate city. I further agree to conformance of my duties, agent as provided for in Ch	eccept service of process for the above site, I hereby accept the appointment as romply with the provisions of all statutes and I am familiar with and accept the or hapter 608, F.S Agent's Signature (REQUIRED)	registered agent and s s relating to the			

(CONTINUED)

Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Memb	Name and Address: ber
MGRM	Mailyn Cruz Blanco
	165 E 19th St
	Hialeah, FL 33010
	12 Al
	PR :
	<u> </u>
(Use attachment if necessary	ANTI: 23
ICLE V. Effective date if oth	her than the date of filing:
TEDE V. Encenve date, n on	(OPTIONAL)
	prior to nor more than 90 days after the date this document is filed AND 2) must be the same as the effective date listed in the attackfective date listed therein.)
UIRED SIGNATURE:	\mathcal{A}
	3600
	r or an authorized representative of a member.
Signature of a member (In accordance with section 608.40 the penalties of perjury that the fac	observed representative of a member. O8(3), Florida Statutes, the execution of this document constitutes an affirmation uncts stated herein are true. I am aware that any false information submitted in a atte constitutes a third degree felony as provided for in s.817.155, F.S.)
Signature of a member (In accordance with section 608.40 the penalties of perjury that the fadocument to the Department of St.	08(3), Florida Statutes, the execution of this document constitutes an affirmation usets stated herein are true. I am aware that any false information submitted in a