# 11300035191

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
|                         | 4,91               |             |
| (Ac                     | dress)             |             |
|                         |                    |             |
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|                         |                    |             |
| (Ci                     | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bi                     | usiness Entity Nar | ne)         |
| ···                     | ocument Number)    |             |
| . (D                    | ocument Number)    |             |
| Certified Copies        | Certificates       | s of Status |
| Special Instructions to | Filing Officer:    |             |
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Office Use Only

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MAR\_7 2012 G. MCLEOD

# . COVER LETTER

| _  | on Section of Corporations                          |                           |   |
|--|---|---------------------------|---|
| SUBJECT:   | FLORES LA   | WN CARE                   | LLC   |
|  | (Nan  | ne of Resulting Florida L | mited Company)  |
|  |   |                           | zation, and fees are submitted to convert a Company" in accordance with s. 608.439, I |
| Please return all  | correspondence conc                                 | erning this matter to:    |   |
| TIMOT  | HY SUSICH (Contact Person)                          |                           | _   |
| Tin  | othy F. Susich, CPA                                 | A, P.A.                   | _   |
| 10h De   | (Firm/Company)                                      |                           |   |
| 10084 N  | KENDAL DR<br>(Address)                              | L # 3/2                   | _   |
| MAMI   | (City, State and Zip C                              | 76                        | _   |
| Flores jim E-mail address: (to t   | MY DM &C. Low<br>e used for future annual           | teport notifications)     | -   |
| For further inform   | nation concerning thi                               | is matter, please call:   |   |
| JIMMY<br>(Name of C  | FLORES Contact Person)                              | at (3 <i>05</i>           | e and Daytime Telephone Number)   |
|  | ck for the following                                |                           | , ,   |
| \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) | \$155.00 Filing Fee<br>and Certificate of<br>Status |                           |   |
| STREET ADDI  |   |                           | ING ADDRESS:  |
| Registration Sect  |   |                           | ration Section  |
| Division of Corp<br>Clifton Building   | orations  |                           | on of Corporations  Box 6327  |

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## **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 Certif   | ficate o   | f        |       |
|---|------------|----------|-------|
| Conversion is:  FLORES LAWN CARE, INC   |            | 3        |       |
| FLORES LAWN CARE, INC  (Enter Name of Other Business Entity)  | THE COLUMN | MAR      |       |
| 2. The "Other Business Entity" is a   | 6.00 mm    | -4       | tome. |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)   | OF SIL     | 5h +: 45 |       |
| first organized, formed or incorporated under the laws of FLORIDA   |            | Ş.       |       |
| (Enter state, or if a non-U.S. entity, the name of the country)   | -          |          |       |
| on $ 2/ 9/2 \otimes  2$ .   |            |          |       |
| on 12/19/2012<br>(Enter date "Other Business Entity" was first organized, formed or incorp  | porated    | i)       |       |
| <ul> <li>3. If the jurisdiction of the "Other Business Entity" was changed, the state or country unwhich it is now organized, formed or incorporated:</li> <li>4. The name of the Florida Limited Liability Company as set forth in the attached ArtiOrganization:</li> </ul> |            |          | -     |
| FLORES LAWN CARE, LLC (Enter Name of Florida Limited Liability Company)   | _          |          |       |
| (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  |            |          |       |
| filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective attached Articles of Organization, if an effective date is listed therein.)   | date lis   | ited ir  | ı the |
| 6. The conversion is permitted by the applicable law(s) governing the other business enti-<br>conversion complies with such law(s) and the requirements of s.608.439, F.S., in effective  |            |          | sion. |

(

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 27 day of FEBRUA   | 124 20 63.  |
|--|---|
| Individual signing affirms that the facts sta  | resentative of Limited Liability Company: ated in this document are true. Any false information and for in s.817.155, F.S.          |
| Signature of Member or Authorized Represented Name:  | entative:   |
| Signature(s) on behalf of Other Business E this document are true. Any false informat s.817.155, F.S. [See below for required sign | ntity: Individual(s) signing affirm(s) that the facts stated in ion constitutes a third degree felony as provided for in ature(s).] |
| Printed Name: FIRM FLORES  | Title: PRESIDENT  |
| <u> </u>   |   |
| Printed Name:  | Title:  |
| Signature:   |   |
| Printed Name:  | Title:  |
| Signature: Printed Name:   | Title:  |
| Signature:   |   |
| Printed Name:  | Title:  |
| Signature:Printed Name:  | Title:  |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Directly Directors or Officers have not been selected                |   |
| If Florida General Partnership or Limited Signature of one General Partner.  | <u>Liability Partnership:</u>   |
| If Florida Limited Partnership or Limited Signatures of ALL General Partners.  | Liability Limited Partnership:  |
| All others: Signature of an authorized person.   |   |
| Fees:  |   |
| Certificate of Conversion:<br>Fees for Florida Articles of Organization:<br>Certified Copy:<br>Certificate of Status:              | \$25.00<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional)<br>Page 2 of 2   |

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| ARTICLE II - Address:      |                                |                                   |                  |                   |               |
|----------------------------|--------------------------------|-----------------------------------|------------------|-------------------|---------------|
| The mailing address and s  |                                | of the principal o                | ffice of the I   | Limited Liabilit  | y Company is: |
| Principal Office Addres    | <u>s:</u>                      | <u>Mai</u>                        | ling Addres      | <u>ss:</u>        |               |
| 9991 BAHAMA                | DR                             |                                   | 9991             | BAHAMA            | DR            |
| 9991 BAHAMA<br>CUTLER BAY, | FL 331                         | 89                                | CUTLER           | BAY FL            | 35/89         |
| The name and the Florida   | street address                 | s of the registered               | agent are:       |                   |               |
| The name and the Florida   |                                | F. SUSICE,<br>Name                | _                |                   |               |
| The name and the Florida   | TIMOTUS                        | F. SUSICE,                        | CPA, PA          |                   |               |
| The name and the Florida   | TIMOTHY 10689                  | -                                 | CPA, PA          | 1312              |               |
| The name and the Florida   | TIMOTHY  10689  Florida street | Name  N. KENDAU  address (P.O. Bo | AR ±  NOT accomp | ± 312<br>eptable) |               |
| The name and the Florida   | TIMOTHY  10689  Florida street | F. SUSICH, Name  N. KENDAU        | AR ±  NOT accomp | ± 312<br>eptable) |               |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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

| FLORES  |
|---|
| HAMA DR   |
| CLORES<br>HAMA DR<br>BAY, FL 33189  |
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| (OPTIONAL)  |
| (OPTIONAL)  |
| s after the date this document is filed by<br>s the effective date listed in the attached                                       |
|   |
| of a member.  |
| of this document constitutes an affirmation under that any false information submitted in a as provided for in s.817.155, F.S.) |
| ee  |
| <br>e   |

# COVER LETTER '

| TO: Registration Section Division of Corporations   |                    |                             |   |
|---|--------------------|-----------------------------|---|
| SUBJECT: FLORES LA  | WN CA              | RE, L                       | LC  |
| (Nam  | ne of Resulting l  | Florida Limi                | ted Company)  |
|   |                    |                             | tion, and fees are submitted to convert an mpany" in accordance with s. 608.439, F.S. |
| Please return all correspondence conce  | erning this m      | atter to:                   |   |
| TIMOTHY SUSICIT (Contact Person)  |                    |                             |   |
| (Contact Person) Timothy F. Susich, CP/   |                    |                             |   |
| (Firm/Company)  |                    |                             |   |
| 10689 N KENDAL DR   | L at 3             | 12                          |   |
| 10689 N KENDALL DR<br>(Address)   | <u> </u>           |                             | ٠.  |
| MIAMI FL 331  | 76                 |                             |   |
| MIAMI FL 331°<br>(City, State and Zip C   | ode)               |                             |   |
| Flores immu DMac. Com   | 1                  |                             |   |
| E-mail address: (to be used for future annual r   | eport notification | ons)                        |   |
| For further information concerning thi  | _                  |                             |   |
| JIMMY FLORES (Name of Contact Person)   | at (               | 305)                        | 244.1958  |
| (Name of Contact Person)  | (4                 | Area Code at                | nd Daytime Telephone Number)  |
| Enclosed is a check for the following   | amount:            |                             |   |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$ \$155.00 Filing Fee and Certificate of Status |                    | Filing Fees<br>rtified Copy |   |
| STREET ADDRESS:   |                    | MAILIN                      | NG ADDRESS:   |
| Registration Section  |                    |                             | tion Section  |
| Division of Corporations Clifton Building   |                    | Division P. O. Box          | of Corporations   |
| 2661 Executive Center Circle  |                    |                             | see, FL 32314   |
| Tallahassee, FL 32301   |                    |                             | •   |

# 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:  |
| FLORES LAWN CARE, INC  (Enter Name of Other Business Entity)  |
| (Enter Name of Other Business Entity)   |
| 2. The "Other Business Entity" is a   |
| 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 12/19/2012 (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)   |
| (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.)                  |
| 6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.  |
| 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 27 day of FEBRUA   | RY 20 1.3   |
|--|---|
| Individual signing affirms that the facts sta  | resentative of Limited Liability Company: uted in this document are true. Any false information and for in s.817.155, F.S.          |
| Signature of Member or Authorized Represe<br>Printed Name: TIMMY FLORES  | entative: MANAGING MEMBER   |
| Signature(s) on behalf of Other Business Enthis document are true. Any false informatis.817.155, F.S. [See below for required sign | ntity: Individual(s) signing affirm(s) that the facts stated in ion constitutes a third degree felony as provided for in ature(s).] |
| Printed Name: JIMMI FLORES   | Title: PRESIDENT  |
| O v  |   |
| Printed Name:  | Title:  |
| Signature:Printed Name:  | Title:  |
| Signature:Printed Name:  | Title:  |
| Signature:Printed Name:  | Title:  |
| Signature: Printed Name:   | Title:  |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Directly Directors or Officers have not been selected                |   |
| If Florida General Partnership or Limited Signature of one General Partner.  | Liability Partnership:  |
| If Florida Limited Partnership or Limited Signatures of ALL General Partners.  | Liability 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<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional)<br>Page 2 of 2   |

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| FLORES LAWN CARE (Must end with the words "Limited Liability Company, the a | LLC   |
|---|---|
| with the words Limited Liability Company, the a                             | obtreviation "L.L.C.," or the designation "LLC."      |
| ARTICLE II - Address:   |   |
| The mailing address and street address of the                               | principal office of the Limited Liability Company     |
|   |   |
| Principal Office Address:   | Mailing Address:                                      |
|   | Mailing Address:  9991 BAIFAMA DR CUTLER BAY FL 35189 |

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

business entity with an active Florida registration.)

**ARTICLE I - Name:** 

Name

10689 N. KENDALL DR #312

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

MIAMI FL 33/76

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

| Title:   | Name and Address:  |
|--|--|
| "MGR" = Manager "MGRM" = Managing Me   | ember  |
|  | •  |
| MGRM   | JIMMY FLORES  999/ BAHAMA DR  CUTLER BAY, FL 33189   |
|  | 999/ BAHAMA DR   |
|  | _ CUTLER BAY, FL 33189   |
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| /T.L   |  |
| (Use attachment if necessar  | ry)  |
| ICLE V: Effective date, if   | other than the date of filing: (OPTIONAL)  |
|  | (OPTIONAL)   |
| effective date: 1) cannot be<br>loride Department of Stat  | e prior to nor more than 90 days after the date this document is filed by  |
| Milua Devallineni in Sixi  | e; AND 2) must be the same as the effective date listed in the attache   |
| ficate of Conversion, if an  | effective date listed therein.)  |
| ficate of Conversion, if an  | effective date listed therein.)  |
| ficate of Conversion, if an  | effective date listed therein.)  |
| ficate of Conversion, if an output of the conversion of the conver |  |
| ficate of Conversion, if an output of the conversion of the conver | There -  |
| ficate of Conversion, if an output of the conversion of the conver | Low Jor or an authorized representative of a member.   |
| UIRED SIGNATURE:  Signature of members of members of members of members of members of perjury that the   | Der or an authorized representative of a member.  408(3), Florida Statutes, the execution of this document constitutes an affirmation und facts stated herein are true. I am aware that any false information submitted in a |
| UIRED SIGNATURE:  Signature of members of members of perjury that the document to the Department of  | Journal of this document constitutes an affirmation und  |