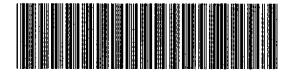
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
. PICK-UP WAIT MAIL
TORON CONTRACTOR AND
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 23, 2014

MARSHA AMATUCCI 12514 S. PUTNEY CT. LEESBURG, FL 34788

SUBJECT: MLA AND MCA ENTERPRISES LLC.

Ref. Number: W14000004595

We have received your document for MLA AND MCA ENTERPRISES 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filings its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

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) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 314A00001533

## **COVER LETTER**

TO: Registration : Division of C				
	•	ERPRISES LLC.		
SUBJECT: M.Z.		of Resulting Florida Limite	ed Company)	
Business Entity" into		iability Company" in a	and fees are submitted to coordance with s. 605.10	
MARSHA AMA	TUCCI			
WATER SYST	(Contact Person) EMS IRRIGATIO	DN .		
<del></del>	(Firm/Company)			
12514 S. PUTI	NEY CT.			
	(Address)			
LEESBURG,FI	LORIDA 34788			
(1	City, State and Zip Code)			);c 69
MARSHA@WAT	ERSYSTEMSIRRI	GATION.COM		
E-mail Address: (to b	oe used for future annual re	port notifications)		
For further informati	ion concerning this ma	tter, please call:		1
MARSHA AMA	TUCCI	_at (407 )649	99990	
(Name of Conta	act Person)	(Area Code) (Day	rtime Telephone Number)	
Enclosed is a check t	for the following amou	ınt:		
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ANNUES	ç.	MAILING	ADDRESS:	

### STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

## **COVER LETTER**

Division of Corporation	ons .		
SUBJECT: MLA AND M	ICA ENTERPRISES	LLC.	
	(Name of Resulting Flori		_
		ization, and fees are submitted ny" in accordance with s. 605.1	
Please return all corresponden	ce concerning this matter to	:	
MARSHA AMATUCC	1		
(Contac	t Person)	_	
WATER SYSTEMS IRR	IGATION SPECIALIST	S	
(Firm/C	ompany)	<del></del>	
12514 S. PUTNEY C	Γ.		
	dress)	<del></del>	
LEESBURG, FLORID	A 34788		36 <b>2</b>
(City, State:	and Zip Code)	<del></del>	
MARSHA@WATERSYS	TEMSIRRIGATION.CO	И	2014 FEB
E-mail Address: (to be used for t	future annual report notifications)	<del></del>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
For further information concer	ning this matter, please call	:	⊐: =0
MARSHA AMATUCCI	at (407	649-9990	:
(Name of Contact Person)		e) (Daytime Telephone Number)	
Enclosed is a check for the fol	lowing amount:		
S150.00 Filing Fors (\$25 for Conversion & \$125 for Anticles of Organization)	0 Filing Fees S180,00 Filing ficate of and Certified Co		
STREET ADDRESS:	MAII	LING ADDRESS:	
Registration Section	_	tration Section	
Division of Corporations		on of Corporations	
Clifton Building 2661 Executive Center Circle		Box 6327	
2001 EXECUTIVE CETTER CITCLE	i alian	assec, FL 32314	

Tallahassee, FL 32301

TO: Registration Section

## 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 \$.605.1045, Florida Statutes.

	(Enter Name of Other Business Entity) U(2)
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 incom	porated under the laws of FLORIDA USA
04/1990	(Enter state, or if a non-U.S. entity, the name of the country)
(OII)	
(date of organization, formation or	incorporation)
3. The name of the Florida Lim	ited Liability Company as set forth in the attached Articles of Organization:
, <b>,</b>	ited Liability Company as set forth in the attached Articles of Organization:
3. The name of the Florida Lám MLA AND MCA ENT	ited Liability Company as set forth in the attached Articles of Organization:
3. The name of the Florida Lim MLA AND MCA ENT (Enter Na	ited Liability Company as set forth in the attached Articles of Organization: ERPRISES LLC. une of Florida Limited Liability Company)
3. The name of the Florida Lim  MLA AND MCA ENT  (Enter Na  4. If not effective on the date of	ited Liability Company as set forth in the attached Articles of Organization: ERPRISES LLC. une of Florida Limited Liability Company)
3. The name of the Florida Lim  MLA AND MCA ENT  (Enter No.  4. If not effective on the date of (The effective date: 1) cannot date this document is filed by the second of the effective date.	ited Liability Company as set forth in the attached Articles of Organization:  ERPRISES LLC.  Interest of Florida Limited Liability Company)  filing, enter the effective date:  the prior to date of receipt or filed date nor more than 90 days after the effective date;  the Florida Department of State; AND 2) must be the same as the effective
3. The name of the Florida Lim  MLA AND MCA ENT  (Enter No.  4. If not effective on the date of (The effective date: 1) cannot date this document is filed by the second of the effective date.	ERPRISES LLC.  me of Florida Limited Liability Company)  filing, enter the effective date:  be prior to date of receipt or filed date nor more than 90 days after the

Page 1 of 2

	•	→ 4 ;
Signed th	nis 10 day of JANUARY	_20 <u>/</u> 4
Signatur	e of Authorized Representative of Limi	ted Liability Company:
	ma	aba Maratilani
Signature	of Authorized Representative: <u>Mai</u>	and amarice
Printed N	ame: Marsha Amatueei	_Title: <u>Member</u>
	e(s) on behalf of Other Business Entity:	
Cianature	ame: MALL MAX Denigle	
Drintad N	amout Med Abor O and I	Title: Da a
Lilliten ia	ame / /A/A / // // // // // C	Title.
Signature	:	
Printed N	ame:	Title:
Signature		
Printed N	:ame:	Title:
Signature		
Printed N	:ame:	Title:
Signature	•	
Printed N	:ame:	Title:
Signature		
Printed N	:ame:	Title:
If Florida	Corporation:	
	of Chairman, Vice Chairman, Director, or O	Officer.
	rs or Officers have not been selected, an Inc	
If Florida	General <u>Partnership or Limited Liabilit</u>	v Partnership:
	of one General Partner.	
If Florida	Limited Partnership or Limited Liabilit	v Limited Partnership:
Signature	s of ALL General Partners.	<u> </u>
2.6		
All others	•	
	of an authorized person.	
orginature.	or all authorized person.	
Fees:		
Δ.	rticles of Conversion:	\$25.00
	es for Florida Articles of Organization:	\$125.00
	_	
	ertified Copy:	\$30.00 (Optional)
Co	ertificate of Status:	\$5.00 (Optional)

Page 2 of 2

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compa	
MLA AND MCA ENTERPRISES LLC.	
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12514 S. PUTNEY CT.	P.O. BOX 1009
LEESBURG,FLORIDA 34788	APOPKA,FLORIDA 32704
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of	stered Office, & Registered Agent's Signature:  n Registered Agent. You must designate an individual or another  f the registered agent are:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	n Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of	n Registered Agent. You must designate an individual or another  f the registered agent are:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of MARSHA AMATUCCI  12514 S. PUTNEY CT.	n Registered Agent. You must designate an individual or another  f the registered agent are:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of MARSHA AMATUCCI  12514 S. PUTNEY CT.	f the registered agent are:  Name  S (P.O. Box NOT acceptable)  FL 34788
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of MARSHA AMATUCCI  12514 S. PUTNEY CT.  Florida street address	f the registered agent are:  Name  S (P.O. Box NOT acceptable)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	MARK AMATUCCI
	12514 S. PUTNEY CT.
	LEESBURG. FLORIDA 34788
MGR	MARSHA AMATUCCI
	12514 S. PUTNEY CT.
	LEESBURG, FLORIDA 34788
ffective date is listed, the date must	e date of filing: (OPHO) be specific and cannot be more than five busines
LE V: Effective date, if other than the	
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  LE VI: Other provisions, if any.	
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	be specific and cannot be more than five busines
TLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  TLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  MAUNA	be specific and cannot be more than five busines
ELE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  ELE VI: Other provisions, if any.  REQUIRED SIGNATURE:  May ha  Signature of a membe	amatucu r or an authorized representative of a member.
ELE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  ELE VI: Other provisions, if any.  REQUIRED SIGNATURE:  MALG LO  Signature of a member accordance with section 605.0203 (1)	matulus r or an authorized representative of a member. 1) (b), Florida Statutes, the execution of this docum
ELE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  ELE VI: Other provisions, if any.  REQUIRED SIGNATURE:  MALI LO  Signature of a member accordance with section 605.0203 (Institutes an affirmation under the pens	amatucu r or an authorized representative of a member.
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ELE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  ELE VI: Other provisions, if any.  REQUIRED SIGNATURE:  MALG LOC  Signature of a member accordance with section 605.0203 (Institutes an affirmation under the penamaware that any false information su	be specific and cannot be more than five busines  Amatu cu  r or an authorized representative of a member.  1) (b), Florida Statutes, the execution of this documentation of perjury that the facts stated herein are true, but the document to the Department of State
ELE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  ELE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Nachol  Signature of a member accordance with section 605.0203 (Institutes an affirmation under the penal aware that any false information supstitutes a third degree felony as proving MARSHA AMATUCCI	be specific and cannot be more than five busines  Matulu  r or an authorized representative of a member.  1) (b), Florida Statutes, the execution of this document that the facts stated herein are true, busined in a document to the Department of State ided for in s.817.155, F.S.)
ELE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  ELE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Nachol  Signature of a member accordance with section 605.0203 (Institutes an affirmation under the penal aware that any false information supstitutes a third degree felony as proving MARSHA AMATUCCI	and cannot be more than five busines  and authorized representative of a member.  (a) (b), Florida Statutes, the execution of this document is of perjury that the facts stated herein are true, butited in a document to the Department of State ided for in s.817.155, F.S.)
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**ARTICLE IV-**