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N. Cuffigan MAR 1 7 2019

COVER LETTER

TO:	Registration Division of C					
SUBJ	ECT: Brooks	Handyman Service	s, LLC			
	` 	(Name	of Resulting F	lorida Lin	nitec	l Company)
						I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please	return all corr	espondence concernir	g this matte	r to:		
Phillip	and Lynda E	Brooks				
		(Contact Person)				
Brook	s Handyman	Services, LLC				
		(Firm/Company)				
15061	Whimbrel C	ourt				
	*	(Address)	···			
Fort N	lyers, FL 339	800				
	(6	City, State and Zip Code)				
pwblg	bmgb@como	cast.net				
E-m	ail Address: (to b	e used for future annual re	port notification	ons)		
For fu	ther information	on concerning this ma	tter, please o	all:		
Joshu	a O. Dorcey		_at (239	₎ 41	8-0	0169
	(Name of Conta	ct Person)	(Area	Code) (D	Dayti	me Telephone Number)
Enclos	ed is a check f	or the following amou	ınt:			
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	A\$155.00 Filing Fees and Certificate of Status	\$180.00 I and Certified	•	i	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STRE	ET ADDRESS	S:	M	AILING	AI	DDRESS:
Registration Section Registra		gistration	ation Section			
			n of Corporations			
•		O. Box 6	ox 6327 ssee, FL 32314			
	issee, FL 3230		1 a.	nanassee	;, FI	L 32314



February 23, 2015

PHILLIP AND LYNDA BROOKS 15061 WHIMBREL COURT FORT MYERS, FL 33908

SUBJECT: BROOKS HANDYMAN SERVICES, LLC

Ref. Number: W15000013070

We have received your document for BROOKS HANDYMAN SERVICES, LLC and your check(s) totaling \$155.00. 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 filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 115A00003762

FILED

2015 MAR 17 AM 10: 46

SECRETARY OF STATE
TALLAMASSEE, 1178024

Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

The Articles 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.605.1045, Florida Statutes.

Brooks Handyman Services, LLC (Enter Name of Other Business Entity)
· · · · · · · · · · · · · · · · · · ·
2. The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: corporation, limited partnership,
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Wyoming
December 21, 2011 (Enter state, or it a non-0.5, entity, the name of the country)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Brooks Handyman Services, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: 1) cannot be prior to date of receipt or filed date 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.)

Page 1 of 2

Signed this 14 day of 50%	20.15
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Representative: 76 Printed Name: Lynda Plooks	Title: MGR
Signature(s) on behalf of Other Business Entity:	
Signature: John Colonial Printed Name 15 100 d. 0.000 l.d.	T: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Printed Name: Unda blooks	
Signature: Alaling Janky Printed Name: Philip BLOOK	Title: WFIR
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	·
Signature: Printed Name:	Title:
Signature:	,
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer. corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>`</u>	
Articles 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 I - Name: The name of the Limited Liability Company is:
Brooks Handyman Services, LLC (Must end with the words "Limited 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:
15061 Whimbrel Ct.
Fort Myers, F1 33908
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:
DLF Registered Agent Service, LLC
Name
10181 Six Mile Cypress Pkwy, Suite C
Florida street address (P.O. Box NOT acceptable)
Fort Myers FL 33966
City 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 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Phillip Brooks 15061 Whimbrel Court Fort Myers, FL 33908 Lynda Brooks 15061 Whimbrel Court Fort Myers, FL 33908 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) ARTICLE VI: Other provisions, if any. Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Typed or printed name of signee

The name and address of each person authorized to manage and control the Limited Liability

Filing Fees:

ARTICLE IV-

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)