# 450000048249

| (Requestor's Name)                      |  |
|-----------------------------------------|--|
| (Address)                               |  |
| (Address)                               |  |
| (City/State/Zip/Phone #)                |  |
| PICK-UP WAIT MAIL                       |  |
| (Business Entity Name)                  |  |
| (Document Number)                       |  |
| Certified Copies Certificates of Status |  |
| Special Instructions to Filing Officer: |  |
|                                         |  |
|                                         |  |
| W15-898                                 |  |



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T. BROWN

| <b>.</b>                                                                                                                                       |                                               | , , , , , , , , , , , , , , , , , , ,                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------|
| TO: Registration Section                                                                                                                       |                                               |                                                                              |
| Division of Corporations                                                                                                                       |                                               |                                                                              |
| SUBJECT: Y&M LANDSCAPING                                                                                                                       | SERVICES LLC                                  |                                                                              |
|                                                                                                                                                | Name of Resulting Florida Limit               | ed Company)                                                                  |
| The contract Audietoe of Communication                                                                                                         | A                                             | - 1 C ***************************                                            |
| Business Entity" into a "Florida Limit                                                                                                         |                                               | nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S. |
| Please return all correspondence conce                                                                                                         | erning this matter to:                        |                                                                              |
| JHON RODRIGUEZ                                                                                                                                 |                                               |                                                                              |
| (Contact Person)                                                                                                                               | _                                             |                                                                              |
| JIREH HULTISER VICES                                                                                                                           | INC                                           |                                                                              |
| (Firm/Company)                                                                                                                                 |                                               |                                                                              |
| 3095 S. HILITARY TRAIL .                                                                                                                       | ±¥                                            |                                                                              |
| (Address)                                                                                                                                      | - ,                                           |                                                                              |
| IAVE WORTH TO 20162                                                                                                                            |                                               |                                                                              |
| LAKE WORTH FL 33463 (City, State and Zip C                                                                                                     | ode)                                          |                                                                              |
| Thourealtor @ hot wail.                                                                                                                        | •                                             |                                                                              |
| E-mail Address: (to be used for future ann                                                                                                     |                                               |                                                                              |
| ·                                                                                                                                              | •                                             | •                                                                            |
| For further information concerning thi                                                                                                         | s matter, please call:                        |                                                                              |
| JHON RODRIGUEZ                                                                                                                                 | at ( 56/- ) 5                                 | 749/10                                                                       |
| (Name of Contact Person)                                                                                                                       | (Area Code) (Day                              | ytime Telephone Number)                                                      |
| Enclosed is a check for the following a                                                                                                        | amount;                                       |                                                                              |
| □ \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) □ \$155.00 Filing F<br>and Certificate of<br>Status | Fees □\$180.00 Filing Fees and Certified Copy | S185.00 Filing Fees, Certified Copy, and Certificate of Status               |
| of Organization)                                                                                                                               |                                               |                                                                              |
| STREET ADDRESS:                                                                                                                                | MAILING A                                     | ADDRESS:                                                                     |
| Registration Section                                                                                                                           | Registration                                  |                                                                              |
| Division of Corporations                                                                                                                       | Division of C                                 |                                                                              |
| Clifton Building                                                                                                                               | P. O. Box 63                                  |                                                                              |

Tallahassee, FL 32301

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# FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2015

JHON RODRIGUEZ JIREH MULTISERVICES INC 3095 S MILITARY TRAIL #4 LAKE WORTH, FL 33463

SUBJECT: Y&M LANDSCAPING SERVICES LLC

Ref. Number: W15000008929

We have received your document for Y&M LANDSCAPING SERVICES 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 filing 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 Incorporation, if any.

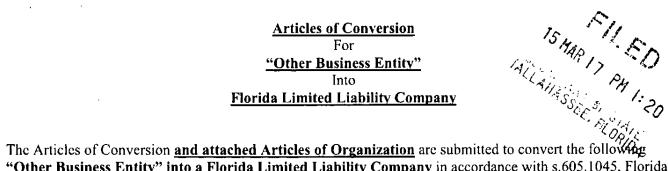
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown Regulatory Specialist II

Letter Number: 015A00002547

"Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida



Statutes.

| 1 The name of the "Other Busine & MLANDSCAPING SERVIC | ss Entity" immediately prior to the filing of the Articles of Conversion is:  ES INC                                                                                                                                                       |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                       | nter 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 incorpo                    | rated under the laws of FLORIDA                                                                                                                                                                                                            |
| 01/03/2014                                            | (Enter state, or if a non-U.S. entity, the name of the country)                                                                                                                                                                            |
| (date of organization, formation or in                | corporation)                                                                                                                                                                                                                               |
| 3. The name of the Florida Limite                     | d Liability Company as set forth in the attached Articles of Organization:                                                                                                                                                                 |
| Y&M LANDSCAPING SERVIC                                | ES LLC                                                                                                                                                                                                                                     |
| (Enter Name                                           | e of Florida Limited Liability Company)                                                                                                                                                                                                    |
| date this document is filed by the                    | ling, enter the effective date:  prior to date of receipt or filed date nor more than 90 days after the Florida Department of State; AND 2) must be the same as the effective es of Organization, if an effective date is listed therein.) |
| 5. The plan of conversion has been                    | approved in accordance with all applicable statutes.                                                                                                                                                                                       |

Page 1 of 2

| Signed this 22ml day of JANUARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _20 <b>15</b>                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--|
| Signature of Authorized Representative of Limited Liability Company:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |  |
| Si di Salai IB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | •                                     |  |
| Signature of Authorized Representative:  Printed Name: YANUARIO MARTINEZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Title: DIRECTOR                       |  |
| Timed Name. Travorito With Time2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Title. BINZOTON                       |  |
| Signature(s) on behalf of Other Business Entity:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | See below for required signature(s).] |  |
| 0' .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |  |
| Signature: Printed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Title                                 |  |
| Trined Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Title.                                |  |
| Signature: A Signa |                                       |  |
| Printed Name YANUARTO HARTINEZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Title: AHBR                           |  |
| 0'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |  |
| Signature: Printed Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Title                                 |  |
| Timed Name.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |  |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |  |
| Signature:Printed Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Title:                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |  |
| Signature:Printed Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Title                                 |  |
| Frinteu Name.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Title.                                |  |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |  |
| Signature:Printed Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·                                     |  |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Officer                               |  |
| If Directors or Officers have not been selected, an Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |  |
| The broad of Officers have not been selected, an in-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | porturor must sign.                   |  |
| If Florida General Partnership or Limited Liabili                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ty Partnership:                       |  |
| Signature of one General Partner.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |  |
| If Florida I imited Doutnoughin on I imited I jobili                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ty I imited Dautnauchins              |  |
| If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ty Limited Farthersing:               |  |
| Constitution of the consti |                                       |  |
| All others:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |  |
| Signature of an authorized person.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |  |
| Fees:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |  |
| Articles of Conversion:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$25.00                               |  |
| Fees for Florida Articles of Organization:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$125.00                              |  |
| Certified Copy:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$30.00 (Optional)                    |  |
| Certificate of Status:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$5.00 (Optional)                     |  |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Y&M LANDSCAPING SERVICES L                                                                                                                                             | LC                                           |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--|--|
| (Must end with the words "Limi                                                                                                                                         | ited 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: |                                              |  |  |
| Trincipal Office Address.                                                                                                                                              | Mailing Address:                             |  |  |
| 4454 URQUHART STREET                                                                                                                                                   | 4454 URQUHART STREET                         |  |  |
|                                                                                                                                                                        | LAKE WORTH FL 33461                          |  |  |
| LAKE WORTH FL 33461                                                                                                                                                    | EARL WORTH L 33401                           |  |  |

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

| JIREH MULTISERVICE                               | S INC.   |  |
|--------------------------------------------------|----------|--|
| Nan                                              | ne       |  |
| 3095 S MILITARY TRAIL # 4                        |          |  |
| Florida street address (P.O. Box NOT acceptable) |          |  |
| LAKE WORTH                                       | FL 33463 |  |
| City                                             | Zin      |  |

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

## **ARTICLE IV-**

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

| <u>Title:</u> "AMBR" = Authorized Member                                                                                                                                   | Name and Address:                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| "MGR" = Manager<br>AH 8 <b>2</b>                                                                                                                                           | YANUARIO J. MARTINEZ 4454 URQUHART ST LAKE WORTH FL 33461                                                                                                                                                                                          |
| A1182                                                                                                                                                                      | DIONETE MARTINEZ 4454 URQUHART ST LAKE WORTH FL 33461                                                                                                                                                                                              |
|                                                                                                                                                                            |                                                                                                                                                                                                                                                    |
|                                                                                                                                                                            |                                                                                                                                                                                                                                                    |
| (Use attachment if necessary)                                                                                                                                              |                                                                                                                                                                                                                                                    |
| ARTICLE V: Effective date, if other than the If an effective date is listed, the date must of or 90 days after the date of filing.)  ARTICLE VI: Other provisions, if any. | e date of filing: (OPTIONAL)  be specific and cannot be more than five business days prior                                                                                                                                                         |
|                                                                                                                                                                            |                                                                                                                                                                                                                                                    |
| REQUIRED SIGNATURE:                                                                                                                                                        |                                                                                                                                                                                                                                                    |
| (In accordance with section 605.0203 (constitutes an affirmation under the pen                                                                                             | er or an authorized representative of a member.  1) (b), Florida Statutes, the execution of this document altics of perjury that the facts stated herein are true. abmitted in a document to the Department of State rided for in s.817.155, F.S.) |

# Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

YANUARIO J. MARTINEZ

Typed or printed name of signee