# 15000112588

(Req	uestor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer	
Special instructions to P	ning Onicer.	
,		

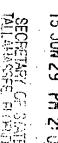
Office Use Only

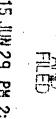


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06/30/15--01013--007 \*\*150.00

RECEIVED JUN 2 9 2015







#### **COVER LETTER**

TO:	Registration S Division of C				
SHE	IFCT: MLA CO	NSTRUCTION SERVICE	ES LLC		
SOB	LC1		of Resulting Florida Lir	nited	Company)
					fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
JHON	RODRIGUEZ				•
		(Contact Person)	<del>2</del> '		
JIREH	MULTISERVIC	ES LLC			
		(Firm/Company)			
3095 \$	MILITARY TRA	AIL # 4			
		(Address)			
LAKE	WORTH FL 3340	63			
-	(1	City, State and Zip Code)			
jhonre	altor@hotmail.cor	• •			
E-1	nail Address: (to b	be used for future annual re	port notifications)		
For fu	ırther informati	on concerning this ma	tter, please call:		
JHON	RODRIGUEZ		_at $(\frac{561}{})^{57}$	74 91	10
	(Name of Conta	net Person)	(Area Code)	Dayti	me Telephone Number)
Enclo	sed is a check f	For the following amou	int:		
(\$25 fo & \$12:	50.00 Filing Fees or Conversion 5 for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fee and Certified Copy		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STRI	EET ADDRES	S:	MAILING	G AI	DDRESS:
	tration Section		Registration		
	on of Corporat	ions	Division o		
Clifto	n Building		P. O. Box	632	1

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

### **Articles of Conversion**



#### "Other Business Entity" Into



# Florida Limited Liability CompanySECRETARY OF STATE TALLAMASSEE FLORIDA

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

	ity" immediately prior to the filing of the Articles of Conversion is:
•	ne of Other Business Entity)
2. The "Other Business Entity" is a $\frac{\text{COR}}{\text{COR}}$	PORATION
(Ente	rentity type. Example: corporation, limited partnership, neral partnership, common law or business trust, etc.)
First organized, formed or incorporated t	inder the laws of FLORIDA
08/22/2013 on	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorpora	tion)
3. The name of the Florida Limited Liab	ility Company as set forth in the attached Articles of Organization:
MLA CONSTRUCTION SERVICES LLC	
(Enter Name of Flo	rida Limited Liability Company)
4. If not effective on the date of filing, e	nter the effective date: 06-29-2015
(The effective date: 1) cannot be prior date this document is filed by the Flori	to date of receipt or filed date nor more than 90 days after the da Department of State; <u>AND</u> 2) must be the same as the effective
date listed in the attached Articles of C Note: If the date inserted in this block does not a document's effective date on the Department of S	Organization, if an effective date is listed therein.) neet the applicable statutory filing requirements, this date will not be listed as the State's records.
5. The plan of conversion has been enpre	wed in accordance with all applicable statutes

Page 1 of 2

		A A A A A A A A A A A A A A A A A A A
Signed this 29 day of Jone		FILED
Signature of Authorized Representative of Limit	ted Liability Company:	15 JUN 29 PM 2: 04
Signature of Authorized Representative: A Marv Printed Name: Moniu Quiu ani lla	Title: AHBR	SECRETARY OF STATE TALLAHASSEE STOOLS
Signature(s) on behalf of Other Business Entity:		` · ·
Signatura + Hall 1) Winter 1/c		
Signature: + Marvin Quintanilla Printed Name: Howm Owhurla	Title: Planeleut	
Trined Name. 1701012 Constants	1111c	
Signature:		
Printed Name:	Title:	
Signature:Printed Name:		
Printed Name:	Title:	
Signature: Printed Name:	m.1	<del></del>
Printed Name:	Title:	<del></del>
Signatura		
Signature:Printed Name:	Title	<del></del>
Timed Name.		
Signature:		
Printed Name:		
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or		
If Directors or Officers have not been selected, an Inc	corporator must sign.	
If Florida General Partnership or Limited Liabili	ty Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabilit	v I imitad Partnarchin	
Signatures of <u>ALL</u> General Partners.	v Elimed I arthership.	
Signature of 1222 Source Funds		
All others:		
Signature of an authorized person.		
Fees:		
Autialas of Compania	¢25.00	
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

	d Liability Company, "L.L.C," or "LLC.")
ADTICLE II. Addresses	
ARTICLE II - Address:	
The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1450 FAIRGREEN RD	1450 FAIRGREEN RD
WEST PALM BEACH FL 33417	WEST PALM BEACH FL 33417
business entity with an active Florida registration.)  The name and the Florida street address of	stered Office, & Registered Agent's Signature:  n Registered Agent. You must designate an individual or apather  the registered agent are:
business entity with an active Florida registration.)  The name and the Florida street address of   Tirek Hula	f the registered agent are:  Hisewice) LLC  Name
business entity with an active Florida registration.)  The name and the Florida street address of   Tirek Hula	f the registered agent are:  Hisewice) LLC  Name
business entity with an active Florida registration.)  The name and the Florida street address of Tireh Hold  3095 S. Hill  Florida street address	f the registered agent are:

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Company:	15 JUN 29 PM 2: 0
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: SECHETARY OF STATE TALLAHASSEE STATE STATE TALLAHASSEE STATE TALLA
(Use attachment if necessary)	
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)	date of filing: <u>06 · 29 · 2015</u> . (OPTIONA be specific and cannot be more than five business d
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)  LE VI: Other provisions, if any.  Metron Services	be specific and cannot be more than five business d
ffective date is listed, the date must be days after the date of filing.)	be specific and cannot be more than five business d
ELE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)  ELE VI: Other provisions, if any.  ELE V	to or an authorized representative of a member.  (b), Florida Statutes, the execution of this document lities of perjury that the facts stated herein are true, omitted in a document to the Department of State ded for in s.817.155, F.S.)
ELE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)  ELE VI: Other provisions, if any.  ELE V	or an authorized representative of a member.  (b), Florida Statutes, the execution of this document lities of perjury that the facts stated herein are true, omitted in a document to the Department of State

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

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