L15000179781

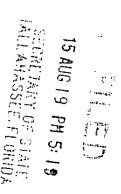
POS-15F787
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP. WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



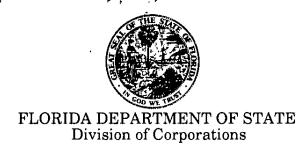
500271716075

04/15/15--01022--020 **150.00



AUG 19 2015 J SHIVERS





July 31, 2015

LOLA GETZLAFF 291 SW 78 CT OCALA, FL 34474

SUBJECT: LOLA'S CLEANING SERVICE LLC

Ref. Number: W15000028898

We have received your document for LOLA'S CLEANING SERVICE 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):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Letter Number: 515A00008353

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

TO: Registration Division of C					
1 -1-1 6	Cleaning Service				
SUBJECT: Loia C		of Resulting Florid	ı Limite	d Company)	
				d fees are submitted to convert an ecordance with s. 605.1045, F.S.	"Other
Please return all cor	respondence concerning	g this matter to:			
Lola Getzlaff					
	(Contact Person)		-		
Lola"s Cleaning S	ervice				
	(Firm/Company)		-		
291 sw 78 ct					
	(Address)		_		
Ocala FI 34474					
	(City, State and Zip Code)		-		
bmwlolag@yahoo	.com				
E-mail Address: (to	be used for future annual re	port notifications)	_	·	
For further informat	ion concerning this ma	tter, please call:			
Lola Getzlaff		_at (352	286	-1124	
(Name of Con	tact Person)) (Day	rtime Telephone Number)	
Enclosed is a check	for the following amou	ınt:			
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDREST Registration Section Division of Corpora	1	Regist	ration :	ADDRESS: Section Corporations	

P. O. Box 6327

Tallahassee, FL 32314

INHS11 (02/14)

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

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

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Lola's Cleaning Service
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Inc.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of FI (Enter state, or if a non-U.S. entity, the name of the country)
12.05.05 (Enter state, or if a non-U.S. entity, the name of the country)
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Lola's Cleaning Service
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)
5. The plan of conversion has been approved in accordance with all applicable statutes.
······································

Page 1 of 2

PI S Hd 61 908 C

Signed this 12 day of april	_ 20 <u>_ 15</u>	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Printed Name: Lola Getzlaff	Title: president	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).	
Signature: July Signature: Printed Name: Lola Getzlaff		
Printed Name: Lola Getzlaff	Title: President	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Signature:Printed Name:	_ Title:	
Signature:	·	
Signature:Printed Name:	_ Title:	
Signature:		
Printed Name:	_ Title:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or	Officer.	
If Directors or Officers have not been selected, an Inc	corporator must sign.	
If Florida General Partnership or Limited Liabilit	ty Partnership:	•
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		HASSI HASSI
Fees:		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	TORIDA

Page 2 of 2

15 AUG 19 PM 5: 19

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I "IValile:		
The name of the Limited Liability Company is:		
Lolo's Clooping Sondon #LLC "		
Lola's Cleaning Service "LLC." (Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")	_
ADTICLE II. A LL		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability	Company is:
	•	company is:
Principal Office Address:	Mailing Address:	
291 sw 78 ct Ocala Fl 34474	291 sw 78 ct Ocala FI 34474	_
		·
		_
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signa are Agent. You must designate an individual or a	i ture: nother
The name and the Florida street address of the re	egistered agent are:	
Lola Getzlaff		
Name		
291 sw 78 ct		
Florida street address (P.O.	Box NOT acceptable)	
Ocala	FL 34474 Zip	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p accept the obligations of my position as reg	this certificate, I hereby accept the app ty. I further agree to comply with the p erformance of my duties, and I am fam	pointment as provisions of all uiliar with and
lola getzl Registered Agent's Signa	aff Lola Authlall	75 T
Registered Agent's Signa	ature (REQUIRED) / //	
		SOUTH THE STREET
(CONTINU	J ED)	
Page 1 of	· · ·	
ragelor	4	5: <u>F</u>

The name and address of each person authorized to manage and control the Limited Liability Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR Lola Getzlaff 291 sw 78 ct Ocala FI 34474 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **ARTICLE VI:** Other provisions, if any. **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true I am aware that any false information submitted in a document to the Department of States constitutes a third degree felony as provided for in s.817.155, F.S.) Lola Getzlaff Typed or printed name of signee 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)

Page 2 of 2

ARTICLE IV-