L15000/67665

(Re	equestor's Name)		
(Ad	Idress)		
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	ty/State/Zip/Phone	- #N	
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PICK-UP	☐ WAIT	MAIL	
(0)			
(Bu	isiness Entity Nan	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			





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Salter - Feiber

ATTORNEYS AT LAW

3940 NW 16th Boulevard, Bldg. B Gainesville, Florida 32605

P.O. Box 357399 Gainesville, Florida 32635

T: 352.376.8201 F: 352.376.7996

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JOHN C. BOVAY
Board Certified in Wills, Trusts & Estates
Law & Tax Law
jackb@salterlaw.net

September 25, 2015

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

Re: Articles of Conversion and Articles of Organization for Gainesville Pest Control,

Inc. to Gainesville Pest Control, LLC

Dear Sir or Madam:

Enclosed please find the Articles of Conversion and Articles of Organization of the above mentioned entity, along with our firm check in the amount of \$155:00, for the filing fees. Once filed, please forward the documents to our office.

Thank you for your assistance.

Sincerely

John C. Bovay

JCB:mh

cc: John and Lynnette Scott

COVER LETTER

10;	Division of C					
SUBJ	ECT: Gainesvil	le Pest Control, Inc.				
5000		(Name	of Resulting Florida	Limite	ed Company)	
					nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.	
Please	return all corre	espondence concerning	g this matter to:			
John C	. Bovay					
,		(Contact Person)				
Salter I	Feiber, P.A.					
		(Firm/Company)	· •			
3940 N	I.W. 16th Blvd., B	ldg. B				
		(Address)				
Gaines	ville, FL 32605					
	((City, State and Zip Code)				
gainesv	/illepest@aol.com					
E-m	nail Address: (to be	used for future annual re	port notifications)			
For fu	rther information	on concerning this ma	tter, please call:			
John C	. Bovay		_at (352	376-8	3201	
	(Name of Contact	et Person)	(Area Code)	(Day	ytime Telephone Number)	
Enclos	sed is a check for	or the following amou	nt:			
(\$25 for & \$125	0.00 Filing Fees r Conversion for Articles nization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STRE	ET ADDRESS	S:	MAILI	NG A	ADDRESS:	
_	ration Section		Registra			
Division of Corporations Clifton Building				Division of Corporations P. O. Box 6327		
2661 Executive Center Circle		Tallahassee, FL 32314				
	assee, FL 3230			, -		

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

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

. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Gainesville Pest Control, Inc.
(20065) (Enter Name of Other Business Entity)
. The "Other Business Entity" is a Corportation .
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
irst organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)
. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Gainesville Pest Control, LLC
(Enter Name of Florida Limited Liability Company)
. 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 ate this document is filed by the Florida Department of State; AND 2) must be the same as the effective ate listed in the attached Articles of Organization, if an effective date is listed therein.) lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records.
. The plan of conversion has been approved in accordance with all applicable statutes.

Page 1 of 2

Signed this 25th day of 5	eptember	20_15		
Signature of Authorized Repres		4		
Signature of Authorized Represer Printed Name: John Andrew Scott	ntative: A	Title: Manager	<u>.</u>	
Signature(s) on behalf of Other I	Business Entity: Se	ee beloy-for required signature(s)]		
Signature: Printed Name: John Andrew Scott		Tiple: President		
Signature:Printed Name:		Title:		
		Title:		
		Title:		
Signature:Printed Name:		Title:		
Signature:Printed Name:		Title:	 	
If Florida Corporation: Signature of Chairman, Vice Chair If Directors or Officers have not be	man, Director, or Of	fficer.		
If Florida General Partnership o Signature of one General Partner.	r Limited Liability	Partnership:		
If Florida Limited Partnership of Signatures of ALL General Partner		Limited Partnership:		
All others: Signature of an authorized person.			苏	DIVIO S
Fees:			SEP	ECRET
Articles of Conversion: Fees for Florida Articles o Certified Copy: Certificate of Status:	f Organization:	\$25,00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	28 AHII: 31	ARY OF STATE