115000187308

	•			
(Requestor's Name)				
(Address)				
(Address)				
· 				
(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
:		:		

Office Use Only



000277698840

000277698840 10/13/15--01008--025 **150



NUS-69605

M 11/5

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jade Tax & MultiService Company (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Mellisa L. Sarchez (Contact Person) Jade Tox & Multiservice Co. (Firm/Company)
1171 SW 25th Are
Fort Lauderdale FL 33312 (City, State and Zip Code)
Lemail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Mellisa L. Sanchez at (954) 301-4024 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion & and Certificate of Status \$125 for Articles of Organization) \$155.00 Filing Fees and Certified Copy \$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



October 20, 2015

MELLISA L. SANCHEZ 1171 S.W. 25TH AVE. FT. LAUDERDALE, FL 33312

SUBJECT: JADE TAX & MULTISERVICE COMPANY LLC

Ref. Number: W15000069605

We have received your document for JADE TAX & MULTISERVICE COMPANY 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):

The name of the entity must be identical throughout the document.

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) 245-6052.

Letter Number: 415A00022199

Maryanne Dickey Regulatory Specialist II New Filing Section

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First 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)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
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; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.

Page 1 of 2

5
AOA
7
77
<u>دن</u> —
\Box

Signed this day of	_20_15
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Mellisa L. Sarchez	Title: O President
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Monday	
Printed Name: Medica L. Sonchez	_Title: President
Signature: Juan Sando	
Printed Name: Juan R San Boz	Title: VICE President
Signature:	
Printed Name:	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	

Fees:

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Jade Tax & Multi Serv (Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1171 SW 25th Ame Fort Lauderdale FL 38312	Fort Lauderdale FL 333/2
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	
Mellisa L. Sar Name	xhez_
1171 SW 25th A	The
Florida street address (P.O.	<u> </u>
Fort Lauderdale	2 FL 33312
City	Zip
liability company at the place designated in a registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regional forms.	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S

Page 1 of 2

(CONTINUED)

ARTICLE IV- The name and address of each person	authorized to manage and control the Limited Liability
Company:	. On
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Juan R. Sanchez 1171 SN 25m Are Fort Lauderdale FL 333)2
f an effective date is listed, the date must lor 90 days after the date of filing.)	to date of filing: (OPTIONAL) be specific and cannot be more than five business days properties the applicable statutory filing requirements, this date will not be listed as a records.
REQUIRED SIGNATURE:	nclos
This document is executed in ac I am aware that any false informa	r or an authorized representative of a member. ccordance with section 605.0203 (1) (b), Florida Statutes, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.
Mellisa I	Ded or printed name of signee Filing Fees
\$125.00 Filing Fee for Articles of \$30.00 Certified Copy (Options	f Organization and Designation of Registered Agent