L160000046004

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	_
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

FANO: EL

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COVER LETTER

	vision of C	Corporations			
SUBJECT	LISAN S	ERVICES LLC			
		(Name	of Resulting Florida L	mited (Company)
					fees are submitted to convert an "Other ordance with s. 605.1045, F.S.
Please retu	rn ail corr	espondence concernin	g this matter to:		
JHON RODI	RIGUEZ				
		(Contact Person)			
JIREH MUL	TISERVIC	ES LLC			
		(Firm/Company)			
3095 S MILI	TARY TRA	AIL STE 4			
		(Address)	·		
LAKE WOR	TH FL 3340	53			
	((City, State and Zip Code)			
jhonrealtor@	hotmail.con	1			
E-mail A	ddress: (to b	e used for future annual re	port notifications)		
For further	informati	on concerning this ma	tter, please call:		
JHON RODI	RIGUEZ		_at (561)5	749110)
(Na	me of Conta	ct Person)	(Area Code)	(Daytin	ne Telephone Number)
Enclosed is	s a check f	or the following amou	int:		
\$150.00 F (\$25 for Con & \$125 for A of Organizati	version articles	\$155.00 Filing Fees and Certificate of Status	□\$180,00 Filing Fe and Certified Copy	(□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET A	ADDRES	S:	MAILIN	G AD	DRESS:
Registration	n Section		Registrati	on Se	ction
Division of	-	ons	Division		
Clifton Bui		on Cinala	P. O. Box		
2661 Execu Tallahassee			Tallahass	ee, FL	. 32314

INHS11 (06/15)



Articles of Conversion For

"Other Business Entity"

Into

Florida Limited Liability Company

16 FEB 29 PM 2: 55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 Busine LISAN SERVICES INC P13.	ss Entity" immediately prior to the filing of the Articles of Conversion is:
	nter Name of Other Business Entity)
2. The "Other Business Entity" is	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 FL
02/11/2013	(Enter state, or if a non-U.S. entity, the name of the country)
on date of organization, formation or in	corporation)
3. The name of the Florida Limite LISAN SERVICES LLC	d Liability Company as set forth in the attached Articles of Organization:
(Enter Name	of Florida Limited Liability Company)
(The effective date: 1) cannot be date this document is filed by the date listed in the attached Article	ling, enter the effective date: 03/04/2016 prior to date of receipt or filed date nor more than 90 days after the efforida Department of State; AND 2) must be the same as the effective es of Organization, if an effective date is listed therein.) less not meet the applicable statutory filing requirements, this date will not be listed as the lient of State's records.
5. The plan of conversion has been	approved in accordance with all applicable statutes.

Page 1 of 2

Signed this 19 day of FEBRAURY	20 16	APPROVEL
		רונבט
Signature of Authorized Representative	bi Limited Liability Company:	16 FEB 29 PM 2: 55
Signature of Authorized Representative: Printed Name: LUIS M PEREZ PEREZ	Tide AMPR	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Frinted Name: Lois Wi FEREZ FEREZ	Title: ANDR	IALLAHASSEE FLORIDA
Signature(s) on behalf of Other Business E		nature(s)]
Signature:		
Signature: Printed Name: LUIS M PEREZ PEREZ	Title: PRESIDENT	
Signature:Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Tialo	
riffied Name.	Title:	
Signature:		
Signature:Printed Name:	Title:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Direct	etor, or Officer.	
If Directors or Officers have not been selected	l, an Incorporator must sign.	
If Florida General Partnership or Limited	Liability Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited	Liability Limited Partnership:	
Signatures of ALL General Partners.		
All others:		
Signature of an authorized person.		
Fees:		
Articles of Conversion:	\$25.00	
Fees for Florida Articles of Organiza	- 1	
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY (COMPANY

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY TO DEPLANT			
ARTICLE I - Name: The name of the Limited Liability Company is:	16 FEB 29 PM 2: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
LISAN SERVICES LLC			
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pr Principal Office Address:	rincipal office of the Limited Liability Company is: Mailing Address:		
Triicipai Office Address.	Maning Address.		
976 SUMTER RD E	976 SUMTER RD E		
WEST PALM BEACH FL 33415	WEST PALM BEACH FL 33415		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r	ered Agent. You must designate an individual or another		
JIREH MULTISERVICES LLC			

Name

3095 S MILITARY TRAIL STE 4

Florida street address (P.O. Box NOT acceptable)

LAKE WORTH FL 33463

City

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..

Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

APPHOVEL AND FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company: 16 FEB 29 PM 2: 56

<u>Title:</u> "AMBR" = Authoriz	Member TALLAHASSEE FLORIDA
"MGR" = Manager	
AMBR	LUIS M PEREZ PEREZ
	976 SUMTER RD E
	WEST PALM BEACH FL 33415
AMBR	ISIS FUENTES RIVERO
	976 SUMTER RD E
	WEST PALM BEACH FL 33415
	·
(Use attachment if n	ssary)
•	
effective date is listed 90 days after the date	ne date must be specific and cannot be more than five business days priling.) It does not meet the applicable statutory filing requirements, this date will not be listed as
ICLE VI: Other provis	, if any.
ICLE V: Effective date of the date is listed 90 days after the date. If the date inserted in this beent's effective date on the I	other than the date of filing: 03/04/2016 (OPTIONAL de date must be specific and cannot be more than five business data iling.) It does not meet the applicable statutory filing requirements, this date will not be light rement of State's records.

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

LUIS M PEREZ PEREZ

REQUIRED SIGNATURE:

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