

L16000068925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

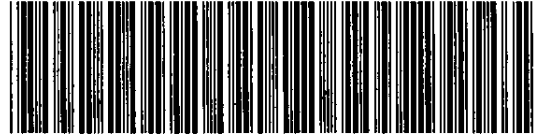
Certified Copies _____ Certificates of Status _____

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03/18/16--01005--012 **150.00

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16 APR -8 PM 4:06
MAR 17 2016

4/8/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEST RATE HOME SERVICES, LLC
(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:

JASON ROSE

(Contact Person)

Best Rate Home Services

(Firm/Company)

333 N. FALKENBURG RD. #B-227

(Address)

TAMPA, FL 33619

(City, State and Zip Code)

jason@bestratefl.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

JASON ROSE at (813) 280-0888 EXT 201
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)
- \$155.00 Filing Fees and Certificate of Status
- \$180.00 Filing Fees and Certified Copy
- \$185.00 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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16 APR -8 PM 4:05



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2016

JASON ROSE
333 N. FALKENBURG ROAD #B-227
TAMPA, FL 33619

SUBJECT: BEST RATE HOME SERVICES, LLC
Ref. Number: W16000022097

We have received your document for BEST RATE HOME SERVICES, 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 216A00006113

FILED
16 APR -8 PM 4:06
TAMPA, FLORIDA

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

FILED
16 APR -8 PM 4:06
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
BEST RATE HOME SERVICES, INC

(Enter Name of Other Business Entity) P15000074389

2. The "Other Business Entity" is a CORPORATION

(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)

on 08/30/2015
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

BEST RATE HOME SERVICES, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 03/03/16

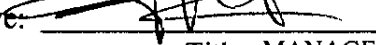
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

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.

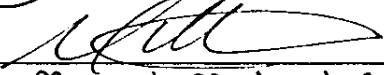
Signed this 18TH day of FEBRUARY 20 16.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 
Printed Name: TOM MARTINEZ Title: MANAGER

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: 
Printed Name: ROSEA, JASON L Title: P

Signature: 
Printed Name: Maneri, Michael E Title: VP

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

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 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 Organization: \$125.00
- Certified Copy: \$30.00 (Optional)
- Certificate of Status: \$5.00 (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY:

ARTICLE I - Name:

The name of the Limited Liability Company is:

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BEST RATE HOME SERVICES, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

STATE OF FLORIDA
ALBANY, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

11728 N 58TH ST
TEMPLE TERRACE, FL 33617

11728 N 58TH ST
TEMPLE TERRACE, FL 33617

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

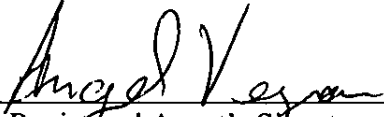
The name and the Florida street address of the registered agent are:

ANGEL VEGAS
Name

5526 TERRACE COURT #2
Florida street address (P.O. Box **NOT** acceptable)

TAMPA FL 33617
City Zip

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

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16 APR -8 PM 4:06
ALLIANCE STATE
NOTARY PUBLIC

Title:
"AMBR" = Authorized Member
"MGR" = Manager
MGR

Name and Address:
TOM MARTINEZ
3125 OAKLAND SHORES DR., APT 201
OAKLAND PARK, FL 33309

MGR

JASON L. ROSE
11728 N 58TH ST.
TEMPLE TERRACE, FL 33617

MGR

MICHAEL G. MANERI
12634 BRAMFIELD DR.
RIVERVIEW, FL 33579

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/03/16 (OPTIONAL)
(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.)

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.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

TOM MARTINEZ

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)