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(Red	uestor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filina Officer:	

Office Use Only



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SECAL DAY OF STATE
TALL AHASSEE FLORIDA

COVER LETTER •

TO:	Registration S Division of C		•			
CHID		AWN AND GARDENING	G, LLC			
SUD	JECI:	(Name	of Resulting Florida	Limite	ed Company)	
			•		d fees are submitted to convert coordance with s. 605.1045, F.	
Pleas	e return all corr	espondence concerning	g this matter to:			
JOSE	CLIMACO				·	
		(Contact Person)		•		
JOSE	S LAWN AND GA	RDENING, LLC				
		(Firm/Company)		-		
PO B	OX 1115					
	* * * * * * * * * * * * * * * * * * * 	(Address)		•		
ARC	HER, FL 32618					
	(1	City, State and Zip Code)		*		
TIFF	ANYCLIMACO@.	ATT.NET				
E-	mail Address: (to b	e used for future annual re	port notifications)	•		
For f	urther informati	on concerning this ma	tter, please call:			
JOSE	CLIMACO		_at (³⁵²)484-5	5744	
	(Name of Conta	ect Person)	(Area Code)	(Day	ytime Telephone Number)	
Enclo	osed is a check t	for the following amou	int:			
(\$25 f & \$12	50.00 Filing Fees for Conversion 5 for Articles ganization)	□\$155.00 Filing Fces and Certificate of Status	□\$180.00 Filing and Certified Cop		\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Regi Divis	EET ADDRES stration Section sion of Corporat on Building		Registr	ration on of C	ADDRESS: Section Corporations 27	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 29, 2016

JOSE CLIMACO PO BOX 1115 ARCHER, FL 32618

SUBJECT: JOSE'S LAWN AND GARDENING, LLC.

Ref. Number: W16000023121

We have received your document for JOSE'S LAWN AND GARDENING, LLC. and your check(s) totaling \$185.00. 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 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.

Neysa Culligan Regulatory Specialist II

Letter Number: 116A00006406

www.sunbiz.org

Articles of Conversion

For:

"Other Business Entity"

Into

Florida Limited Liability Company



Florida Limited Liability Company

SECRETARY OF STATE

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.

JOSE'S LAWN AND GARDENING, INC. (Enter	Name of Other Business Entity)	
2. The "Other Business Entity" is a	CORPORATION	
Œ	inter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporate	ed under the laws of FLORIDA	
DECEMBER 4, 2015	(Enter state, or it a non-U.S. entity, the name of the country)	
(date of organization, formation or incorp	poration)	
	iability Company as set forth in the attached Articles of Organization	i:
JOSE'S LAWN AND GARDENING, LLC		
(Enter Name of	Florida Limited Liability Company)	
4. If not effective on the date of filing (The effective date: 1) cannot be pr	ior to date of receipt or filed date nor more than 90 days after the	ve
date this document is filed by the Fi date listed in the attached Articles o	lorida Department of State; <u>AND</u> 2) must be the same as the effective of Organization, if an effective date is listed therein.) not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.	

Page 1 of 2

Signed this 20th day of March	20_16
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	10mal D
Printed Name: Jose Climaco	Title: President
Filmled Name: Jose Chinaco	1 iue: 1 icsaciii
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Number Printed Name: Jose Climaco	
Printed Name: Jose Climaco	Title: Authorized Managing Member
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Cimpatrum	
Signature: Printed Name:	rrial
rimed Name.	· Title:
Signature	
Signature:Printed Name:	Title
Timed Name.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In-	
	adiportation signi
If Florida General Partnership or Limited Liabili	ty Partnership;
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and street a	•	mpany, "L.L.C.," or "LLC.") al office of the Limite	
he mailing address and street a	address of the princip	al office of the Limite	
he mailing address and street a	address of the princip	al office of the Limite	
			ed Liability Company:
Principal Office Address:	Mi	niling Address:	
430 NE 110th Court		. Box 1115	
Villiston, FL 32696	Arc	her, FL 32618	
		· · · · · · · · · · · · · · · · · · ·	
he name and the Florida street	gistration.) t address of the regist		individual or another
he name and the Florida street Jose Climaco	,		16 JUN - SEPRESM FALLAHAS
he name and the Florida street Jose Climaco 6430 NE 110t	t address of the regist		16 JUN-6 SECRETARY TALLAHASSE
Jose Climaco 6430 NE 110	t address of the regist	ered agent are:	16 JUN -6 SECRETAR TALLAHASS
Jose Climaco 6430 NE 110	Name th Court eet address (P.O. Box	ered agent are:	16 JUN -6 PH SECRETARY OF TALLAHASSEE FO

Page 1 of 2

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager AMBR	
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AMBK	7 (0)
	Jose Climaco
	6430 NE 110th Court
	Williston, FL 32696
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effective date is listed, the date must be a days after the date of filing.)	be specific and cannot be more than five business of
90 days after the date of filing.)	he applicable statutory filing requirements, this date will not be
90 days after the date of filing.) If the date inserted in this block does not meet the date of the Department of State's ICLE VI: Other provisions, if any.	he applicable statutory filing requirements, this date will not be seconds.
90 days after the date of filing.) If the date inserted in this block does not meet the date of the Department of State's ICLE VI: Other provisions, if any.	he applicable statutory filing requirements, this date will not be
90 days after the date of filing.) If the date inserted in this block does not meet the date of the Department of State's ICLE VI: Other provisions, if any.	he applicable statutory filing requirements, this date will not be seconds.
90 days after the date of filing.) If the date inserted in this block does not meet the third sent's effective date on the Department of State's ICLE VI: Other provisions, if any.	he applicable statutory filing requirements, this date will not be seconds.
90 days after the date of filing.) If the date inserted in this block does not meet the the ent's effective date on the Department of State's ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in act I am aware that any false inform	he applicable statutory filing requirements, this date will not be s records.
90 days after the date of filing.) If the date inserted in this block does not meet the the ent's effective date on the Department of State's ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in act I am aware that any false inform	he applicable statutory filing requirements, this date will not be a records. To an authorized representative of a member. Ecordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)
Page 2 of 2

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

ARTICLE IV-