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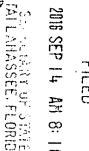
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Mr. Walker GAVE
CORRECT_ACTICLE TE
DATE 9/14/16
DOC. EXAM

Office Use Only



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09/07/16--01011--001 **150.00



COVER LETTER

TO:, Registration Section Division of Corporations
SUBJECT: Right Chaice LANDSCAPE 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:
Arnold C. Walker Jr. (Contact Person)
Right Choice Landscape (Firm/Company)
4643 Zorita St. (Address)
Orlando FL 32811 (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Arnold C. Walker Tr. at (400) 242-0956 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\square\$\squa
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



September 14, 2016

ARNOLD C. WALKER JR 4643 ZORITA STREET ORLANDO, FL 32811

SUBJECT: RIGHT CHOICE LANDSCAPE LLC

Ref. Number: W16000063582

We have received your document for RIGHT CHOICE LANDSCAPE 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):

Florida law does not allow a sole proprietorship to file a conversion. You can file Articles for the Limited Liability Company you can just resubmit the application after making the correction outlined below.

The document must contain both the street address of the principal office and the mailing address of the entity.

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: 616A00019635

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office A	Address:	Mailing Address:
4643 ZORITA ORLANDO, FL		P.O. Box 6/6719 Orland, Fl 3286/
0112111100, 72		<u>VF/ander FG 34861</u>
ARTICLE III - R	egistered Agent, Registe	ered Office, & Registered Agent's Signature:
The Limited Liability C business entity with an	ompany cannot serve as its own Reactive Florida registration.) Florida street address of the	legistered Agent. You must designate an individual or another
The Limited Liability C business entity with an	ompany cannot serve as its own Reactive Florida registration.) Florida street address of the control of the co	he registered agent are:
The Limited Liability C business entity with an	ompany cannot serve as its own Reactive Florida registration.) Florida street address of the control of the co	he registered agent are:
The Limited Liability C business entity with an	ompany cannot serve as its own Reactive Florida registration.) Florida street address of the Cabultan N	he registered agent are:
The Limited Liability C business entity with an	ompany cannot serve as its own Reactive Florida registration.) Florida street address of the Cabultan N	he registered agent are: SEE SEE SEE SEE SEE SEE SEE SEE SEE SE

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager MGQ	Name and Address: Acadd Walker Jr.
(Use attachment if necessary)	
TICLE V: Effective date, if other than the	the date of filing: $\frac{2}{5}$ $\frac{2016}{2016}$ (OPTIONAL) st be specific and cannot be more than five business days
or 90 days after the date of filing.) e: If the date inserted in this block does not meaument's effective date on the Department of States	
or 90 days after the date of filing.) e: If the date inserted in this block does not meaument's effective date on the Department of States	et the applicable statutory filing requirements, this date will not be listed the's records.

ARTICLE IV-

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)

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