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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	_	
	Office Use Only	,



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COVER LETTER

Tallahassee, FL 32301

TO: New Filing Section

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

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 Business Entity" immediately prior to the filing of the Articles of Conversion is: 5 pcvvle Glo Cleanny Service Glo - Gold -	
2. The "Other Business Entity" is a S-COCO (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 8/30/2016 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	
Spericle & Gilo Cleaning Service LLC. (Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: OC+ 5 2017. (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.) 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.	
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	
17 (IC) ~5 A	

Signed this 15 day of Cctober	20_17
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative:	Title: Owner
Signature(s) on behalf of Other Business Entity: [
Signature: avandra tartos Printed Name: Carrando Henderson	Title: owner-
Signature:Printed Name:	Title:
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 Liability	corporator must sign.
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

9:5 Yi 3-100 L

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Sperkle & Glu Cleaning & (Must contain the words "Limited Liability	Service, L.L.C., or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5401 S. Kirkman Rd Svita 310 Orlando, FL 32019	5401 S. Kirilman Rd Sv. te 310 914010, 12, 32819
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	l Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another
The name and the Florida street address of the re	
5401 S. Kirkman Ral S. Florida street address (P.O.	
<u>Orlando</u> City	FL 326 19
City	Zip
liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete pe	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as vity. I further agree to comply with the provisions of a performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S
Registered Agent's Signa	nature (REQUIRED)
(CONTINU	
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The name and address of each person authorized to manage and control the Limited Liability Company:

Name and Address:
Cassanda Henderson 1175 crange proox trail Apt H 112 close, FC 34761
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does
an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the nent to the Department of State constitutes a third degree felority.
eisan
ped or printed name of signee
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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)