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| (Requ | estor's Name) |) |
|------------------------------|----------------|--------------|
| (Addre | ess) | |
| (Addre | ess) | |
| (City/S | State/Zip/Phor | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busin | ess Entity Na | me) |
| (Docu | ment Number |) |
| Certified Copies | Certificate | es of Status |
| Special Instructions to Fili | ing Officer: | |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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DEC 27 2017 T SCHROEDER

COVER LETTER

| TO: New Filing S Division of C | | | | |
|--|---|--|--------|--|
| SUBJECT: THE ORA | ANGE CLEANING SERV | 'ICES LLC | | |
| | (Name of Re | sulting Florida Limite | d Com | pany) |
| | | | | frees are submitted to convert an "Other cordance with s. 605.1045, F.S. |
| Please return all corr | espondence concernin | g this matter to: | | |
| JHON RODRIGUEZ | | | | |
| | (Contact Person) | 7 | | |
| JIREH MULTISERVICI | ES LLC | | | |
| | (Firm/Company) | | | |
| 3095 S MILITARY TR | AIL STE 4 | | | |
| | (Address) | | | |
| LAKE WORTH FL 3340 | 53 | | | |
| | City, State and Zip Code) | | | |
| jirehmulti@gmail.com | | | | |
| E-mail Address: (to b | e used for future annual re | port notifications) | | |
| | | • | | |
| For further informati | on concerning this ma | itter, please call: | | |
| JHON RODRIGUEZ | | at () | 574 91 | 10 |
| (Name of Conta | ict Person) | (Area Code) | (Dayt | ime Telephone Number) |
| | or the following amou a bank located in the | | ocesse | ed by this office must be payable in US |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | S155.00 Filing Fees and Certificate of Status | □\$180.00 Filing F and Certified Copy | | □\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| STREET ADDRESS | S: | MAILE | NG AI | DDRESS: |
| New Filing Section | | New Filing Section | | |
| Division of Corporations | | Division of Corporations | | |
| Clifton Building | | P. O. Bo | x 632 | 7 |

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

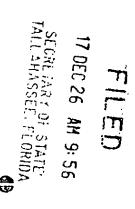
Into

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: THE ORANGE CLEANING SERVICES INC $(44-4)$ $(44-4)$ |
|--|
| (Enter Name of Other Business Entity) |
| 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 [FL] (Enter state, or if a non-U.S. entity, the name of the country) |
| 05/01/2014 On |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: THE ORANGE CLEANING SERVICES LLC |
| (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: |
| 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.



| Signed this 21 day of DECEMBER 20 17 | |
|---|----------------------------|
| Signature of Authorized Representative of Limited Liability Company: | |
| Signature of Authorized Representative: Title: AMBR Title: AMBR | |
| Signature(s) on behalf of Other Business Entity: See below for required signature | re(s) |
| Signature: | |
| Printed Name: ADRIANA SANCHEZ Title: PRESIDENT | |
| Signature: | |
| Signature: Title: | |
| Signature: Title: | |
| Printed Name: fitte: | |
| Signature: | |
| Printed Name: Title: | |
| Signature: Title: | |
| Printed Name: Little: | |
| 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. | 17 DEG SECRE FALL MA |
| If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. | 26 AM |
| All others: Signature of an authorized person. | D STATE |
| Fees: | 99 89 60 |
| Articles of Conversion: \$25.00 | |

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

\$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| y Company, "L.L.C.," or "LLC.") | | |
|--|--|---|
| incipal office of the Limite | d Liability Company i | s: |
| pal Office Address: Mailing Address: | | |
| 3095 S MILITRAY STE 4 | | |
| LAKE WORTH FL 33463 | | |
| | | |
| | 7 D | |
| Name | | <u>n</u> |
| 4 | 35E | _ |
| . Box NOT acceptable) | | ם ח |
| FL 33463 | 9: E | _ |
| Zip | IDA A | |
| this certificate, I hereby active. I further agree to complete formance of my duties, at | cept the appointment as ly with the provisions of ad I am familiar with an | s f al nd |
| | Mailing Address: 3095 S MILITRAY STE 4 LAKE WORTH FL 33463 Office, & Registered Agreed Agered Agent. You must designate an egistered agent are: 4 Box NOT acceptable) FL 33463 Zip accept service of process for this certificate. I hereby accept service of my duties, an instered agent as provided for this provided for the service of my duties, and istered agent as provided for the service agent agent as provided for the service agent | Mailing Address: 3095 S MILITRAY STE 4 LAKE WORTH FL 33463 Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another egistered agent are: ALLANDE SECTION OF SECRET STEELS SECRET |

| | 13.7 | | 1 1 | 111/ | |
|---|------|----|-----|------|---|
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The name and address of each person authorized to manage and control the Limited Liability Company:

| <u>Title:</u> | Name and Address: |
|--|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| AMBR | ADRIANA I SANCHEZ |
| | 1918 SHADETREE WAY APT A |
| | PALM SPRINGS 33406 |
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| (Use attachment if necessary) | |
| | \$ 26 - |
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| RTICLE V: Other provisions, if any. | |
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| | |
| | |
| REØURED SIGNATURE: | |
| Turkere | |
| Signature of a member or a | 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 docum | ment to the Department of State constitutes a third degree felony |
| as provided for in s.817,155, F.S. | |
| ADRIANA I SANCHEZ | |
| Tvr | ped or printed name of signee |
| - 21 | · · · · · · · · · · · · · · · · · · · |

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)