LISOCOU 54633

(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SURI	FCT. TRINITY	TREES OF PSL, INC.							
БСВС	EC1	(Name of Res	sulting I	² lorida Limi	ted Con	npany)			
Busine	ess Entity" into	a "Florida Limited L	iability	/ Company	on, an	nd fees are submitted to coccordance with s. 605.10	onvert an 45, F.S.	ı "Oth	ıer
Please	return all corr	espondence concernin	g this	matter to:					
	ANTONIA I	GENTRY, ESQ., CPA							
		(Contact Person)			-				
	ANTONIA L. G	ENTRY, PLLC							
		(Firm/Company)			-				
	745 SE PORT S	T LUCIE BLVD			_				
		(Address)							
	PORT ST LU	JCIE. FL 34984							
		City, State and Zip Code)		• "					
		NILAWCPA.COM			_				
E-m	iail Address: (to b	e used for future annual re	port no	tifications)					
For fu	rther informati	on concerning this ma	tter, p	lease call:					
Α	NTONIA L. GEN	TRY	at (772	877-8	8008			
	(Name of Conta	ict Person)		(Area Code	(Day	/time Telephone Number)			
		or the following amou a bank located in the			rocess	sed by this office must be	: payable	in US	S
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status		80.00 Filing Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	Ā.co		
New F Divisi Clifton	ET ADDRES Filing Section on of Corporat n Building Executive Cent	ions		New F Division P. O. B	iling S on of C Sox 632	Corporations	ECRETARY OF LLAHASSEE F	18 MAR -5 PH	

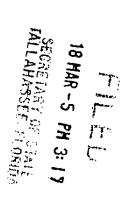
Tallahassee, FL 32301

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

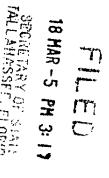
The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: TRINITY TREES OF PSL, INC.
(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.
(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)
11/04/2016 on
On (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: TRINITY TREES OF PSL. LLC.
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(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.



Signed this day of	_ 20_18
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Vita Printed Name: VITO BITETTO	Title: PRESIDENT OF GODPARENT
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: 1 th But the Printed Name: VITO BITETTO	Title: PRESIDENT
Signature:Printed Name:	
Signature: Printed Name:	
Signature:Printed Name:	Title:
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.	Officer. corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty 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)



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ne: nited Liability Compa	ny is:
TY TREES OF PSL. LLC.	
	Liability Company, "L.L.C.," or "LLC.")
dress:	
	the principal office of the Limited Liability Company is
ddress:	Mailing Address:
K DRIVE	8280 BUSINESS PARK DRIVE
34952	PORT ST LUCIE, FL 34952
lorida street address o	f the registered agent are: A L. GENTRY, PLLC
	Name
745 SE P	PORT ST LUCIE BLVD
	s (P.O. Box NOT acceptable)
PORT ST LUCIE	FL 34984
City	Zip
iny at the place designous and agree to act in this of to the proper and com- igations of my position	and to accept service of process for the above stated limitated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of aplete performance of my duties, and I am familiar with an as registered agent as provided for in Chapter 605, F.S
	TY TREES OF PSL, ELC. It contain the words "Limited dress: Is and street address of ddress: K DRIVE 34952 rgistered Agent, Regin Impany cannot serve as its own etive Florida registration.) lorida street address of ANTONI 745 SE P Florida street address PORT ST LUCIE City The day registered agent any at the place designed and agree to act in this to the proper and come

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

	Name and Address:				
MGR/AMBR	GODPARENT INDUSTRIES, INC.				
	8280 BUSINESS PARK DRIVE				
Title: "AMBR" = Authorized Member "MGR" = Manager MGR/AMBR (Use attachment if necessary) TICLE V: Other provisions, if any.	PORT ST LUCIE, FL 34952				
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(Use attachment if necessary)	A A				
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	- Table 1987				
TICLE V: Other provisions, if any.	ာ္မ်ား က်င္း	£***			

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.

VITO BITETTO, PRESIDENT OF GODPARENT INDUSTRIES, INC.

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)