L18000084840

| (Re | questor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Dc | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| <u> </u> | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| , | | |
| | | |
| | | |

Office Use Only



100311048611

03/23/18--01015--030 **155.00

FILED
2018 HAR 29 AM 8: 20
SECRETARY OF STATE

APR 0 9 2018

K. Brumbley

COVER LETTER

| TO: | New Filing S Division of C | | | | |
|---------------------------|--|---|------------------------------|------------|--|
| SHRJ | ECT: JMMS PI | LUMBING, LLC | | | |
| 00130 | | (Name of Res | sulting Florida I. | imited Co | mpany) |
| | | | | | nd fees are submitted to convert an "Other eccordance with s. 605,1045, F.S. |
| Please | e return all corr | espondence concernin | g this matter | to: | |
| YOLY | ' SABILLON | | | | |
| | | (Contact Person) | | | |
| LA FI | ORIDA SERVIC | ES LLC | | | |
| | | (Firm/Company) | | | |
| 3831 V | V VINE ST SUIT | E 148 | | | |
| | | (Address) | | | |
| KISSI | MMEE, FL 34741 | | | | |
| | ((| City, State and Zip Code) | | | |
| yoly@ | llafloridaservices.c | eom | | | |
| E-r | nail Address: (to b | e used for future annual re | port notification | s) | |
| For fu | rther informati | on concerning this ma | tter, please ca | 11: | |
| YOLY | SABILLON | | _at (|) 978- | 6560 |
| | (Name of Conta | ect Person) | (Area Co | ode) (Da | ytime Telephone Number) |
| | | or the following amou a bank located in the | | | sed by this office must be payable in US |
| (\$25 fo & \$125 | 0.00 Filing Fees or Conversion of for Articles anization) | S155.00 Filing Fees and Certificate of Status | □S180.00 Fi and Certified | | ☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status |
| New I Divisi Clifto | EET ADDRESS Filing Section on of Corporati n Building | ions | Nev Div | v Filing S | Corporations |
| 2661 | Executive Cent | er Circle | Tall | ahassee. | FL 32314 |

Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Conversion For "Other Business Entity" Into

2018 MAR 29 AM 8: 20
SECRETARY OF STATE
AND ARREST FIRRIDA

Florida Limited Liability Company

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.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: JMMS PLUMBING CORP |
|---|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| First organized, formed or incorporated under the laws ofFLORIDA Document Number P16000019405 |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| on 02/29/2016 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: JMMS PLUMBING 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 23rd day of MARCH | 20_18 |
|---|---|
| Signature of Authorized Representative of Limit | ited Liability Company: |
| Signature of Authorized Representative: Maris Printed Name: MARISOL MANRIQUEZ | Title: MANAGER |
| Signature(s) on behalf of Other Business Entity: | [See below for required signature(s)] |
| Signature Marisol Manaicula | |
| Signature: Marisol Manrique Printed Name: MARISOL MANRIQUEZ + | Title: PRESIDENT |
| Signature: | |
| Signature:Printed Name: | Title: |
| Signature: | |
| Signature:Printed Name: | Title: |
| Signature: | |
| Signature:Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Signature: Printed Name: | Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In | |
| lf Florida General Partnership or Limited Liabili | ty Partnership: |
| Signature of one General Partner. | |
| If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners. | ty Limited Partnership: |
| All others: | |
| Signature of an authorized person. | |
| Fees: | |
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$125.00 |
| Certified Copy: Certificate of Status: | \$30.00 (Optional) \$5.00 (Optional) |
| * | Acres (Schuttura) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is | s: |
|---|---|
| JMMS PLUMBING LLC | |
| (Must contain the words "Limited Liabit | lity Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the particle. | principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 2352 TURPIN DR | 2352 TURPIN DR |
| ORLANDO, FL 32837 | ORLANDO, FL 32837 |
| | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) | ed Office, & Registered Agent's Signature: istered Agent. You must designate an individual or another |
| The name and the Florida street address of the | registered agent are: |
| LA FLORIDA SERVICES LL | C |
| Nan | າເ |
| 3831 W VINE ST SUITE 148 | |
| Florida street address (P. | O. Box NOT acceptable) |
| KISSIMMEE | F1 34741 |
| City | Zip |
| liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re | to accept service of process for the above stated limited in this certificate. I hereby accept the appointment as with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 605, F.S |
| (CONTI | NUE III |

| | 117 | PE. | \sim 1 | 1 | r 7. | T % | , |
|---|-----|-----|----------|-----|------|-----|---|
| А | ĸ٠ | | ι., | ا ا | ۲. | ıν | _ |

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 | | | | | |
| MGR | MARISOL MANRIQUEZ | | | | |
| | 2352 TURPIN DR | | | | |
| | ORLANDO, FL 32837 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| FICLE V: Other provisions, if any. | | | | | |
| | | | | | |
| REQUIRED SIGNATURE: | | | | | |
| x Marisol Mar | 2014 2014 | | | | |
| Signature of a member or a This document is executed in accordance | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felon | | | | |
| MARISOL MANRIQUEZ | | | | | |
| Ty | ped 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)