# 118000108754

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	cument Number)	·		
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:	;		

Office Use Only



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SECRETARY OF STATE
AND SECRETARY OF STATE

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# **COVER LETTER**

TO: New Filing Section Division of Corporations				
SUBJECT: And Aus Janton Muntance Inc (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:				
Lympheste Cetoute (Contact Person)				
Amer-Plus Jantonal muntiforce Inc. (Firm/Company)				
1265 NE SCRIG OFFEET (Address)				
Miani, FL 33/79 (City, State and Zip Code)				
E-mail Address: (to be used for future annual report notifications)				
For further information concerning this matter, please call:				
(Name of Contact Person) at (850) 727 - 9635  (Area Code) (Daytime Telephone Number)				
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)				
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$\$155.00 Filing Fees and Certified Copy  \$\$185.00 Filing Fees and Certified Copy  Certified Copy, and Certificate of Status				
STREET ADDRESS: MAILING ADDRESS:				
New Filing Section  Division of Corporations  New Filing Section  Division of Corporations				
Clifton Building P. O. Box 6327				

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:  AMELE PLANTONIC MONTONIC , Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CONCHO PIU-100993  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on December 19, 2014. (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Amer-Plus Ignitorial Maintenance LLC. (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: MULLAUS.  (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.

FILED

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SECRETARY OF STATE
TALL AMASSEE FLORING.

Signed this 24 day of April	_20 <u>/\$</u>			
Signature of Authorized Representative of Limit	ed Liability Company:			
Signature of Authorized Representative: Printed Name: Stephanie Cetoute	Title: Director			
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]			
Signature: Number Colors Ste Chour				
Printed Name: Lumodes SFE (Choute)	Title: Hresident.			
Signature:	ro: 1			
Printed Name:	Title:			
Signature:Printed Name:	Title			
Signature: Printed Name:	Title:			
Signature: Printed Name:	Title:			
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.				
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of <u>ALL</u> General Partners.				
All others: Signature of an authorized person.				
Fees:				

\$25.00

\$125.00

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

Articles of Conversion:

Certificate of Status:

Certified Copy:

Fees for Florida Articles of Organization:

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Amer-Plus Juntorial Mintenance LLC. (Must contain the words "Limited Liability Company, "L.L.C.," or "LL.C.")				
ARTICLE II - Address: The mailing address and street address of the princ	cipal office of the Limited Liability Comp	any is:		
Principal Office Address:	Mailing Address:			
1265 NE 2034 Street MIAMI + 1,33179	1965 NE 203rd street Mami, FL 33179			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)				
The name and the Florida street address of the regi	sistered agent are:			
Lymodaste Cetoute				
Florida street address (P.O. Box NOT acceptable)				
<i>Miami</i> City	FL 33179 Zip `			
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S				
Registered Agent's Signatu  (CONTINUE	CRETARY OF AHASSEE, FI	FILE		
	OR STA			

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager TYCICCY	Lumalente Cetute 1265 NE 203 rd Street Mami FL 33179
Director	Stephannie Cetoute 1265 NE 2037 Street Many FL 33179
Officer.	Limany Cefork 1265 INF 203 "Street Mam , FL 33179
Officer	Ronald Cetoute 1265 NE 2039 Arest
(Use attachment if necessary)	18 HA SECRE TALLAH
ARTICLE V: Other provisions, if any.	o SA
1265 NE 201319 FIRE	2+ <u>92</u>
MIOMI . FC 23179	
REQUIRED SIGNATURE:	STATE STATE AND A
This document is executed in accordance with	section 605.0203 (1) (b). Florida Statutes, I am aware that to the Department of State constitutes a third degree felony

Lumodeste Cetate
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)