L18000133580

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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COVER LETTER

TO: New Filing Section	* .
SUBJECT: Read'S Jonit OF (Name of Resulting	al Services VVC Florida Limited Company)
	Organization, and fees are submitted to convert an "Other wy Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this	matter to:
Vernite D. Reed (Contact Person) Reed's Janit Orich Servi (Firm/Company)	pices UC
1001 Dalker Alenue Sw	·
City, State and Zip Code)	
E-mail Address: (to be used for future annual report no	tifications)
For further information concerning this matter, p	lease call: 38le 31.2-1882 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (A dollars and drawn on a bank located in the Unite	Ill checks processed by this office must be payable in US d States)
	180.00 Filing Fees Certified Copy Certified Copy. and Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

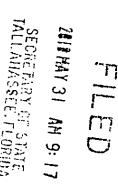
The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045. Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: (Enter Name of Other Business Entity) (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of FLOVIda State. State (Enter state, or it a non-b).s. entity, the name of the country)
on Way 5 2017 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Reed Santurial Services 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 30% day of 90% 90% 90%	
Signature of Authorized Representative of Limited Liability Company:	
Signature of Authorized Representative: Tenn C L. 22 Printed Name: Yenn C J C Title: M.G. Z.	
Signature(s) or behalf of Other Business Entity: [See below for required signature(s)] Signature:	
Signature: Printed Name: Title:	
Signature: Title:	
Signature: Printed Name: Title:	
Signature:	
Signature:	
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 ALL General Partners.	
All others: Signature of an authorized person.	
Fees:	

1.

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

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Reed's Sanitorial Services WC (Must contain the words "Limited Liability Company, "L.L.C.," or "L.C.")		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
Live Ock, The Brence S.D	Live Och, Fl. 32064	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another	
The name and the Florida street address of the re	egistered agent are:	
Florida street address (P.O.	Box NOT acceptable)	
Live ody	FL 32064 Zip	
	accept service of process for the above stated limited this certificate. I hereby accept the appointment as	

(CONTINUED)

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..

Title: "AMBR" = Authorized Member "MGR" = Manager MG .	Name and Address: Jevail C. J. Seed Joseph Joseph Avienus S. J. Live Ock, 1-10 320104
(Use attachment if necessary)	
ICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	an authorized representative of a member
This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	with section 605,0203 (1) (b). Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony
Tyl	ped or printed name of signee
\$125.00 Filing Fee for Articles o	<u>Filing Fees</u> f Organization and Designation of Registered Agen
\$ 30.00 Certified Copy (Option:	al) S 5.00 Certificate of Status (Optional)

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

ARTICLE IV-