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| PICK-UP                 | ☐ WAIT            | MAIL        |
|                         |                   |             |
| (Bu                     | siness Entity Nar | me)         |
|                         |                   | ···         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificate:    | s of Status |
|                         |                   |             |
| Special Instructions to | Filing Officer:   |             |
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Office Use Only

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### **COVER LETTER**

| TO: New Filing Section Division of Corporations   |  |
|---|--|
| SUBJECT: LOYAL HANDY-WORK & GENE  | ERAL SERVICES, LLC   |
| BODOECT:  | sulting Florida Limited Company)   |
|   | les of Organization, and fees are submitted to convert an "Other ability Company" in accordance with s. 605.1045, F.S. |
| Please return all correspondence concerning   | g this matter to:  |
| FREDDIE A. VARGAS   |  |
| (Contact Person)  |  |
| . (Firm/Company)  | TAIL 5   |
| 3601 NE 17TH PL   |  |
| (Address)   |  |
| CAPE CORAL, FL 33909  |  |
| (City, State and Zip Code)  |  |
| Lemail Address: (to be used for future annual rep   | il.com   |
| For further information concerning this mat   | tter, please call:   |
| FREDDIE A. VARGAS   | at ( 239 ) 645-9263  |
| (Name of Contact Person)  | (Area Code) (Daytime Telephone Number)   |
| Enclosed is a check for the following amoundollars and drawn on a bank located in the U   | int: (All checks processed by this office must be payable in US United States)   |
| ■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  ■ \$155.00 Filing Fees and Certificate of Status | □S180.00 Filing Fees and Certified Copy  □S185.00 Filing Fees, 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"

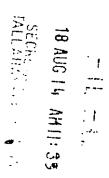
Into

### Florida Limited Liability Company

The Articles of Conversion <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.

| LOYAL HANDY-WORK & GENERAL SERVICES CORP  O180059984   |
|--|
| (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  |
| 07/09/2018   |
| (date of organization, formation or incorporation)   |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  |
| LOYAL HANDY-WORK & GENERAL SERVICES, 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 7TH day of _AUGUST   |                       |
|--|-----------------------|
| Signature of Authorized Representative of Limit  | ed Liability Company: |
| Signature of Authorized Representative: Printed Name: FREDDIE A. VARGAS  | Title: MGR            |
| Signature(s) on behalf of Other Business Entity: [S  |                       |
| Signature: Tressy Sy Varg  | Title: PRESIDENT      |
| Signature:Printed Name:  | Title                 |
|  |                       |
| Signature: Printed Name:   |                       |
| Signature:Printed Name:  | Title:                |
| Signature:Printed Name:  | _ Title:              |
| Signature: Printed Name:   |                       |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Clif Directors or Officers have not been selected, an Incompared to the Compared to | officer.              |
| If Florida General Partnership or Limited Liability Signature of one General Partner.  | / Partnership:        |
| If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.   | Limited Partnership:  |
| All others: Signature of an authorized person.   |                       |
| Fees:  |                       |

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

| ARTICLE I - Name: The name of the Limited Liability Company is:  |   |   |   |
|--|---|---|---|
| LOYAL HANDY-WORK & GENERAL SERVICES, LI  |   |   | <u> </u>  |
| (Must contain the words "Limited Liability   | Company,  | "L.L.C.," or "LLC.")  |   |
| ARTICLE II - Address: The mailing address and street address of the pri  | ncipal o  | ffice of the Limi   | ted Liability Company is:   |
| Principal Office Address:  | Mailin  | g Address:  |   |
| 3601 NE 17TH PL  | 3601 N  | E 17TH PL   |   |
| CAPE CORAL, FL 33909   |   | ORAL, FL 3390   | 9   |
|  |   |   |   |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.   | ered Agent.                                       | You must designate a  |   |
| FREDDIE A. VARGAS  |   |   |   |
| Name   |   |   |   |
|  |   |   |   |
| 3601 NE 17TH PL  | Day MC  | T   |   |
| Florida street address (P.O.   | BOX NC  | acceptable)   |   |
| CAPE CORAL   | FL  | 33909   |   |
| City   |   | Zip   |   |
| Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete paccept the obligations of my position as regional Registered Agent's Signature. | this certi<br>ty. I furt<br>erforman<br>istered a | ficate, I hereby a<br>her agree to com<br>ice of my dutics,<br>gent as provided | iccept the appointment as ply with the provisions of all and I am familiar with and for in Chapter 605, F.S |
| (CONTINI   | IFD)  |   |   |

### ARTICLE IV-

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                                   | FREDDIE A. VARGAS    |                 |          |
| · · · · · · · · · · · · · · · · · · · | 3601 NE 17TH PL      |                 |          |
|                                       | CAPE CORAL, FL 33909 |                 |          |
| AMBR                                  | VIVIANA I. VARGAS    |                 |          |
|                                       | 3601 NE 17TH PL      |                 |          |
|                                       | CAPE CORAL, FL 33909 |                 |          |
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| (Use attachment if necessary)         |                      |                 |          |
| (Ose unaciment it necessary)          |                      | ** <del>}</del> | •        |
|                                       |                      |                 | .1       |
| RTICLE V: Other provisions, if any.   |                      | 7. 7            |          |
| •                                     |                      |                 |          |
|                                       |                      |                 | <u> </u> |
|                                       |                      |                 | _        |
|                                       |                      |                 |          |

**REQUIRED SIGNATURE:** 

+8000y 17 10-1965

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.

FREDDIE A. VARGAS

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)