# 118000228343

(Re	questor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SEP 2.7 2018

# COVERGLETTER

SUBJECT: ANGEL AND SON'S TOWING LLC
(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:
CHRISTINE HERNANDET (Contact Person)
ANGEL AND SON'S TOWING LLC (Finn/Company)
2406 ADDISON CREEK DR (Address)
KISSIMMEE 7L 34758 (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) (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)

□\$180.00 Filing Fees

and Certified Copy

#### STREET ADDRESS:

\$150.00 Filing Fees

(\$25 for Conversion

& \$125 for Articles

of Organization)

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□\$155.00 Filing Fees

and Certificate of

**New Filing Section** 

Division of Corporations

TO:

#### **MAILING ADDRESS:**

□\$185.00 Filing Fees,

Certified Copy, and

Certificate of Status

New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

#### **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.

)

Signed this 25 day of SEPT	20_18
Signature of Authorized Representative of Limits Signature of Authorized Representative:  Printed Name: CHAISTINE HEANANDER	ed Liability Company:
Signature(s) on Malf of Other Business Entity: IS Signature: Printed Name: CHAISTINE HEAVANDE	See below/for/required signature(s)]
Signature:Printed Name:	_ Title:
Signature:	Title:
SignaturePrinted Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.
If Florida General Partnership or Limited Lighilit Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	v Limited Partnership:
All others: Signature of an authorized person	اران دران دران
Fees:	7dla0
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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SELVED ANSWER PROBLEM

AND SERVED ANSWER PROBLEM

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
ANGEL AND SON'S TOWNG LLC  (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
4701 OLD CANOE 2406 ADDISON CREEK DR CREEK RD P.O.BOX 702546 KISSIMMEE FL ST CLOUD FL 34770 34758
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 registered agent are:
CHRISTINE HERNANDEZ Name
2406 ADDISON CREEK DR Florida street address (P.O. Box NOT acceptable)
KISSIMMEE FL 34758 City 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
Chilano Hanna
Registered Agent's Signature (REQUIRED)
(CONTINUED)  FILED  SELLE STATE OF THE STATE
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<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	CHRISTINE HERNANDEZ 24010 ADDISON CREEK DR KISSIMMET FL 3475X
MGB = MANAGER	
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(Use attachment if necessary)	NEW YORK TO A STREET TO A STRE
TLE V: Other provisions, if any.	
	<del> </del>
REQUIRED SIGNATURE:	Hul
This document is executed in accordance wi	authorized representative of a member ith section 605.0203 (1) (b). Florida Statutes. I am aware that no the Department of State constitutes a third degree felony
	HERNANDEZ d or printed name of signee