L1900001085S

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

Office Use Only



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COVER LETTER

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TO: New Filing S Division of C				
SUBJECT: Special C	ps Plumbing, LLC			
SOBJECT.	(Name of Res	ulting Florida Limite	d Con	npany)
		_		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:		
Andrew Gordon				
	(Contact Person)			
Special Ops Plumbing, I	LLC			
	(Firm/Company)	_		
10723 La Placida Drive,	Suite 2-4			
	(Address)			
Coral Springs, FL 33065	j			
(1	City, State and Zip Code)			
andrwg27@gmail.com				
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Andrew Gordon		_at ()	494-2	2152
(Name of Conta	act Person)	(Area Code)	(Day	time Telephone Number)
	for the following amou a bank located in the		ocess.	sed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing F and Certified Copy		⊠\$ 185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES New Filing Section Division of Corporat		New Fil	ling S	Corporations
Clifton Building 2661 Executive Cent	er Circle			FL 32314

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

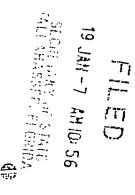
Into

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.

Special Ops Plumbing, Inc.
(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
November 9, 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:
Special Ops 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 30 day of December	20 1%.
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Owner Printed Name: Andrew Gordon	Title: President / Incorporator
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature(s) on behalf of Other Business Entity: Signature: One L. Sovon Printed Name: Andrew Gordon	
Printed Name: Andrew Gordon	Title: Authorized Member / Incorporator
Signature:	
Printed Name:	Title:
Signatura	
Signature: Printed Name:	Title:
Signature:Printed Name:	Title
rimed Name.	
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
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

	Limited Liability Company							
Special Ops Plumbi		VT C						
(1	Must contain the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")						
ARTICLE II - A The mailing addr		e principal office of the Limited	Liability Com	pany	is:			
Principal Office Address:		Mailing Address:						
10723 La Placida D	rive	10723 La Placida Drive						
Suite 2-4		Suite 2-4						
Coral Springs, FL 3	3065	Coral Springs, FL 33065						
	Andrew Gordon Name		LASSEC FL	JAN -7 AMID				
	10723 La Placida Drive, Suit		吳笠	යා ස				
	Florida street address (l	P.O. Box <u>NOT</u> acceptable)	57 6	6				
	Coral Springs	FL 33065	•					
	City	Zip						
liability con registered ager statutes relati	npany at the place designate at and agree to act in this caing to the proper and comple obligations of my position as	nd to accept service of process for in this certificate, I hereby accepacity. I further agree to comply ete performance of my duties, and registered agent as provided for Signature (REQUIRED)	ept the appoints with the provis I I am familiar	nent d tions (with d	is of all ind			

(CONTINUED)

Andrew Gordon

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	Andrew Gordon		
AMBR	•		
	10723 La Placida Drive, Suite 2-4		
	Coral Springs, FL 33065		
			
			
	*** *******		
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(II)	<u> </u>	-1	1
(Use attachment if necessary)	र्जन	יכנ	;
		AM IO:	ť
7* P */ O.3		Ç	
CLE V: Other provisions, if any.		56	
			-
REQUIRED SIGNATURE:			
andrew L. Dordon	1 /		
	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the	nat	
TOTAL CONTINUED IN PAGE DIFFER OF ACCORDANCE	who section out by the form from a value's 1 am aware ii	iai	
any false information submitted in a docum	nent to the Department of State constitutes a third degree feld	ony	

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)