L19000108294

(Re	questor's Name)	
(Ad	dress)	
144	dress)	
(//	u1033)	
(Cit	y/State/Zip/Phone	e #)
_	_	_
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(23	omeco zmity mai	,
(Do	ocument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		





600327229556

04/17/19--01025--009 **180.00

FILED

19 APR 17 AM 8: 37

SECULIA SEC

N CULLIGAN APR 2 9 Z019 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: Filing Articles of Conversion VETERAN TURF PROS, LLC

LZ order # 531120284

Dear Sir or Madam:

Attached for filing please find the Articles of Conversion of the above-referenced corporation. Enclosed, please find a check for \$180.00 for the filing fee and certified copy fee. Please process this application as quickly as possible and send the filed copy to me at the address below:

Legalzoom.com, Inc. 101 N Brand Blvd 11th Floor Glendale, CA 91203

If you have any questions, please call me at (800) 773-0888 x9724. Thank you for your help in this matter.

Sincerely,

Cheyenne Moseley LegalZoom.com

COVER LETTER

TO:	Registration S Division of C				
SHRI	FCT: VETERA	N TURF PROS, LLC			
3000	LC1.	(Name o	of Resulting Florida	Jimited	f Company)
					and fees are submitted to convert an "Other reordance with s. 605.1045, F.S.
Please	return all corre	espondence concerning	g this matter to:		
Cheye	enne Moseley				
		(Contact Person)			
Legal	Zoom.com, Inc.				
		(Firm/Company)			
101 N	Brand Blvd 11th	FI			
		(Address)			
Glend	ale, CA 91203				
-	((City, State and Zip Code)			
Hogar	nLandScap@Gm	iail.com			
E-n	nail Address: (to b	e used for future annual re	port notifications)		
For fu	irther informati	on concerning this ma	tter, please call:		
Cheye	enne Moseley		_ut (<u>800</u>	773-0	0888 x9724
*****	(Name of Conta	et Person)	(Area Code)	(Dayı	time Telephone Number)
Enclo	sed is a check f	or the following amou	nt:		
(\$25 fo & \$125	0.00 Filing Fees or Conversion 5 for Articles anization)	□S155.00 Filing Fees and Certificate of Status	■\$180.00 Filing and Certified Copy		□\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Regis Divisi	EET ADDRES tration Section ion of Corporat in Building		Registra	ntion S n of C	orporations

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Certificate of Conversion For "Other Business Entity" Into Florida Limited Liability Company FALL AND SECONDARY FOR THE D FILED 19 APR 17 AM 8: 37

This Certificate 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.

(T da	If not effective on the date of filing, enter the effective date: The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the late this document is filed by the Florida Department of State; AND 2) must be the same as the effective late listed in the attached Articles of Organization, if an effective date is listed therein.)
	(Enter Name of Florida Limited Liability Company)
٧	ETERAN TURF PROS. LLC
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
	(date of organization, formation or incorporation)
or	03/04/2019 (Enter state, or if a non-U.S. entity, the name of the country)
Fi	rst organized, formed or incorporated under the laws of FL
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
2.	The "Other Business Entity" is a Corporation.
	(Enter Name of Other Business Entity)
i.	The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: VETERAN TURF PROS, INC.

Page 1 of 2

5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

Signed this <u>23</u> day of <u>March</u>	20 <u> 1</u>
Signature of Authorized Representative of Lim	
Signature of Authorized Representative: Printed Name: Ryan Hogan	
Printed Name: Ryan Hogan	Title: Member
	2 File, weither
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]
Signature: Printed Name: Ryan Hogan	
Signature:	<u> </u>
Printed Name: Ryan Hogan	Title: President
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	G 198
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	corporator must sign.
lf Florida General Partnership or Limited Liabili	ty Partnorchin
Signature of one General Partner.	ty rarthership.
<u>lf Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of ALL General Partners.	
A.W	
All others:	
Signature of an authorized person.	
Pees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00 \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	VETERAN TUR	RF PROS, LLC	
(Must enc	1 with the words "Limited Li	iability Company, "L.L.C.," or "L.E.C.")	
ARTICLE II - Addres The mailing address an		e principal office of the Limited Liability Com	pany
Principal Office Addr	ess:	Mailing Address:	
		2046 CIMESTA T	
2215 SW Frisco Ter		2215 SW Frisco Ter	
Port St. Lucie, FL 34953 ARTICLE III - Regist (The Limited Liability Companibusiness entity with an active	ry cannot serve as its own Ro Florida registration.)	Port St. Lucie, FL 34953 red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another	
ARTICLE III - Regist (The Limited Liability Companibusiness entity with an active) The name and the Florid	ny cannot serve as its own Ro Florida registration.) da street address of th	Port St. Lucie, FL 34953 red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:	;
ARTICLE III - Regist (The Limited Liability Companibusiness entity with an active) The name and the Florid	ny cannot serve as its own Ro Florida registration.) da street address of the ted States Corporation	Port St. Lucie, FL 34953 red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:	
ARTICLE III - Regist (The Limited Liability Companibusiness entity with an active) The name and the Florid Unit	ny cannot serve as its own Ro Florida registration.) da street address of the ted States Corporation Na	Port St. Lucie, FL 34953 red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are: Agents, Inc.	י ו תם - ו ר
ARTICLE III - Regist The Limited Liability Companions and the Florid Unit	ny cannot serve as its own Re Florida registration.) da street address of the ted States Corporation No. No. 22 Winding Oak Court,	Port St. Lucie, FL 34953 red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are: Agents, Inc. Suite A	י ור
ARTICLE III - Regist The Limited Liability Companions and the Florid Unit	ny cannot serve as its own Re Florida registration.) da street address of the ted States Corporation No O2 Winding Oak Court, Orida street address (F	Port St. Lucie, FL 34953 red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are: Agents, Inc. Suite A	י ו תם - ו ר

Registered Agent's Signature (REQUIRED)

Cheyenne Moseley, Assistant Secretary on behalf of United States Corporation Agents, Inc.

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" =	= Authorized Member	Name and Address:
"MGR" = 1		
AMBR	vidiagei	Ryan Hogan
		2215 SW Frisco Ter
		Port St. Lucie, FL 34953
		—————————————————————————————————————
		
		20 APR
	 _	7
4		
ICLE V: Effe r effective dat	ective date, if other than the te is listed, the date must the date of filing.)	e date of filing: (OPTIONA be specific and cannot be more than five business o
ICLE V: Effe effective dat 90 days after	ective date, if other than the	e date of filing: (OPTIONAl be specific and cannot be more than five business of
ICLE V: Effe effective dat 90 days after	ective date, if other than the te is listed, the date must the date of filing.)	e date of filing: (OPTIONAl be specific and cannot be more than five business of
ICLE V: Effe t effective dat 90 days after ICLE VI: Oth	ective date, if other than the te is listed, the date must the date of filing.) ner provisions, if any.	e date of filing: (OPTIONAl be specific and cannot be more than five business of
ICLE V: Effe effective dat 90 days after ICLE VI: Oth	ective date, if other than the te is listed, the date must the date of filing.) ner provisions, if any.	be specific and cannot be more than five business of
ICLE V: Effective date 90 days after ICLE VI: Other REQUIRE	ective date, if other than the te is listed, the date must the date of filing.) The provisions, if any. ED SIGNATURE: Signature of 2 member	be specific and cannot be more than five business of a member.
ICLE V: Effective date 90 days after ICLE VI: Other REQUIRE (In accordance constitutes and am aware that	ective date, if other than the te is listed, the date must the date of filing.) The provisions, if any. ED SIGNATURE: Signature of a member to with section 695.0203 (1 affirmation under the penalt any false information suited.	or an authorized representative of a member. (b), Florida Statutes, the execution of this documentalties of perjury that the facts stated herein are true, bimitted in a document to the Department of State
ICLE V: Effective data 90 days after ICLE VI: Other REQUIRE (In accordance constitutes and am aware that	ED SIGNATURE: Signature of a prember with section 605.0203 (1 affirmation under the penaltany false information suihird degree felony as provi	or an authorized representative of a member. 1) (b). Florida Statutes, the execution of this documentalties of perjury that the facts stated herein are true, bmitted in a document to the Department of State ided for in s.817.155, F.S.)
ICLE V: Effective date 90 days after ICLE VI: Other REQUIRE (In accordance constitutes an am aware that	ED SIGNATURE: Signature of a prember with section 605.0203 (1 affirmation under the penaltany false information suihird degree felony as provi	or an authorized representative of a member. (b), Florida Statutes, the execution of this documentalties of perjury that the facts stated herein are true, bimitted in a document to the Department of State
ICLE V: Effective data 90 days after ICLE VI: Other REQUIRE (In accordance constitutes and am aware that constitutes a the constitutes at the constitutes as the constitutes as the constitutes at the constitutes as the constitutes at the constitutes as the	ED SIGNATURE: Signature of a prember with section 605.0203 (1 affirmation under the penaltany false information suihird degree felony as provi	or an authorized representative of a member. 1) (b). Florida Statutes, the execution of this documentalties of perjury that the facts stated herein are true, bmitted in a document to the Department of State ided for in s.817.155, F.S.)
ICLE V: Effer effective data 90 days after ICLE VI: Other REQUIRF (In accordance constitutes and am aware that constitutes a the Effective Effecti	ED SIGNATURE: Signature of a prember with section 605.0203 (1 affirmation under the penalt any false information suit hird degree felony as proving Fees:	ror an authorized representative of a member. 1) (b). Florida Statutes, the execution of this documentalties of perjury that the facts stated herein are true, bmitted in a document to the Department of State ided for in s.817.155, F.S.) Ryan Hogan Ded or printed name of signee
ICLE V: Effective data 90 days after ICLE VI: Other REQUIRE (In accordance constitutes and am aware that constitutes a there is a filler in the result of th	ED SIGNATURE: Signature of a prember with section 605.0203 (1 affirmation under the penalt any false information suit hird degree felony as proving Fees:	or an authorized representative of a member. 1) (b). Florida Statutes, the execution of this documentalties of perjury that the facts stated herein are true, bmitted in a document to the Department of State ided for in s.817.155, F.S.)
REQUIRE (In accordance constitutes and a maware that constitutes at the state of t	ED SIGNATURE: Signature of a member with section 605.0203 (1 affirmation under the penaltany false information subtrict degree felony as proving Fees: Filing Fee for Articles of	or an authorized representative of a member. (b), Florida Statutes, the execution of this documentalties of perjury that the facts stated herein are true, bmitted in a document to the Department of State ided for in s.817.155, F.S.) Ryan Hogan Ded or printed name of signee f Organization and Designation

Page 2 of 2

ARTICLE IV-