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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT . MAIL
(Business Entity Name)
(Document Number)
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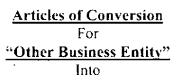
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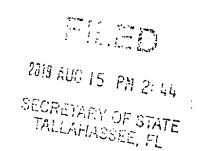
N CULLIGAN

AUG 22 2019

COVER LETTER

	lew Filing So Division of Co				
CUDIE	3R Home	Solutions, LLC			
SUBJEC	, I i		ulting Florida Lim	ted Com	pany)
The encl Business	osed Articles Entity" into	of Conversion, Articl a "Florida Limited Li	• es of Organizat ability Compan	ion, and	d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please re	turn all corre	spondence concerning	g this matter to:		
Roslynn Ja	ackson			_	
		(Contact Person)		_	
3R Home	Solutions, LLC				
		(Firm/Company)		_	
544 W Ev	anston Circle				
	·	(Address)		_	
Fort Laud	erdale, FL 3331	2	•		
	((City, State and Zip Code)	<u></u>	_	
info@3rh	omesolutions.co	om			
E-mai	Address: (to b	e used for future annual re	port notifications)	_	
For furth	ner informatio	on concerning this ma	tter, please call:		
Roslynn J	ackson		at (<u>954</u>)647-2	056
(Name of Conta	ct Person)		(Day	time Telephone Number)
		or the following amou a bank located in the		process	sed by this office must be payable in US
		☐ \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status
New Fil Division Clifton I 2661 Ex	T ADDRES ing Section of Corporat Building secutive Cent ssee, FL 323	ions er Circle	New I Divisi P. O.	Filing S on of C Box 63	Corporations





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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Arti 3R Home Solutions, LLC	cles of Conversion is:
(Enter Name of Other Business Entity)	
The "Other Business Entity" is a limited liability company (Enter entity type. Example: corporation, limited partnership, general partnership, company) (Enter entity type. Example: corporation, limited partnership, general partnership, company)	
(Enter entity type. Example: corporation, limited partnership, general partnership, comr	non law or business trust, etc.
First organized, formed or incorporated under the laws of	he name of the country)
09/07/2016	,
(date of organization, formation or incorporation)	
 The name of the Florida Limited Liability Company as set forth in the attached Ar Home Solutions, LLC 	ticles of Organization:
(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 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 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	5.
6. The "Converted or Other Business Entity" has agreed to pay any members having appro-	aisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed th	is 12 day of August	20 <u>19</u> .
Signatur	e of Authorized Representative o	f Limited Liability Company:
Signature	of Authorized Representative:	
Printed M	ame: Roslynn Jackson	Title: Manager
I IIIICU N	arrie: Rostynii saekson	Title. Winnager
Signature	e(s) on behalf of Other Business Er	ntity: See below for required signature(s)
Signature	: Sorold Fuguer	
Printed N	ame: Ronald Ferguson	Title: Manager
	: Petronia Ferguson	
Printed N	ame: Petronia Ferguson	Title: Manager
Signature	: (na (factr	
Printed N	ame: Eric Jackson	Title: Manager
	Mali- I have	
Signature	: Lylinn Jackson	mil Mora
Printed N	ame: Roslynn Jackson	Title: Manager
Signature		
Printed N	ame.	Title:
· imica iv	ante	TILIC.
Signature	E	
Printed N	ame:	Title:
If Florida	Corporation:	
_	of Chairman, Vice Chairman, Direc	
If Directo	rs or Officers have not been selected	, an Incorporator must sign.
	General Partnership or Limited of one General Partner.	Liability Partnership:
	Limited Partnership or Limited l s of ALL General Partners.	Liability Limited Partnership:
All other Signature	s: of an authorized person.	
Fees:		
А	rticles of Conversion:	\$25.00
	ees for Florida Articles of Organiza	
	ertified Copy:	\$30.00 (Optional)
	ertificate of Status:	\$5.00 (Optional)
		· · · · · · · · · · · · · · · · · · ·

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

3R Home Solutions, LL	С		
(Must	contain the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add The mailing address		e principal office of the Limited	Liability Company is:
Principal Office Ad	ldress:	Mailing Address:	
544 W Evanston Circle		544 W Evanston Circle	
Fort Laudardala CL 222			
ARTICLE III - Reg	gistered Agent, Registen pany cannot serve as its own R	ered Office, & Registered Agen egistered Agent. You must designate an ind	t's Signature:
(The Limited Liability Con- business entity with an act The name and the Fl	gistered Agent, Registe npany cannot serve as its own R tive Florida registration.) torida street address of t	ered Office, & Registered Agen egistered Agent. You must designate an ind	fividual or another
ARTICLE III - Reg (The Limited Liability Com- business entity with an act The name and the Fl	gistered Agent, Registe npany cannot serve as its own R tive Florida registration.) forida street address of t Roslynn Jackson	ered Office, & Registered Agen egistered Agent. You must designate an ind the registered agent are:	fividual or another
ARTICLE III - Reg (The Limited Liability Com- business entity with an act The name and the Fl	gistered Agent, Registe npany cannot serve as its own R tive Florida registration.) forida street address of t Roslynn Jackson	ered Office, & Registered Agen egistered Agent. You must designate an ind	fividual or another
ARTICLE III - Reg (The Limited Liability Com- business entity with an act The name and the Fl	gistered Agent, Registe npany cannot serve as its own R tive Florida registration.) forida street address of t Roslynn Jackson	ered Office, & Registered Agen egistered Agent. You must designate an ind the registered agent are:	fividual or another
ARTICLE III - Reg (The Limited Liability Com- business entity with an act The name and the Fl	gistered Agent, Register npany cannot serve as its own Retive Florida registration.) forida street address of the Roslynn Jackson No.	ered Office, & Registered Agen egistered Agent. You must designate an ind the registered agent are:	fividual or another
ARTICLE III - Reg (The Limited Liability Com- business entity with an act The name and the Fl	gistered Agent, Register npany cannot serve as its own Retive Florida registration.) forida street address of the Roslynn Jackson No.	ered Office, & Registered Agen egistered Agent. You must designate an ind the registered agent are:	lividual or another

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	D 115
MGR	Ronald Ferguson
	3555 SW 173 Way
	Miramar, FL 33029
MGR	Petronia Ferguson
	3555 SW 173 Way 33029
NGD	Dorlor of Later or
MGR	Roslynn Jackson
	544 W Evanston Circle 33312
MGR	Eric Jackson
	544 W Evanston Circle 33312
	<u> </u>
(Use attachment if necessary)	د ع آن لائن
LE V: Other provisions, if any.	
REQUIRED SIGNA/BURE:	
Listynn	Sochan
This document is executed in accordant	ran authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware ument to the Department of State constitutes a third degree for
Roslynn Jackson	
T	1

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)