<u>L19000218352</u>

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2819 SEP -3 AH 9: 52 SECRETARY OF STATE FALLAHASSEEL FLORIDA

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K. b: _mbley

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	9/3/2019	_
	Acc#I20160000072	- w: DW
Name:	CREATIVE WALLS AND LANDS	SCAPING
Document #:		
Order #:	2121205 - 1	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:		
Apostille/Notarial Certification:	Country of Destination: Number of Certs:	
Filing: 🗸	Certified: ✓ Plain: COGS:	
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 180.00	
	(Thank you!)	

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Creative Walls and Landscaping, L	.LC
(Name of Re	sulting Florida Limited Company)
The enclosed Articles of Conversion, Articles Business Entity" into a "Florida Limited L	cles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concernir	ng this matter to:
Corey L. Warner	
(Contact Person)	
Creative Walls and Landscaping, Inc.	
(Firm/Company)	
862 S. Duncan Drive	
(Address)	
Tavares, FL 32778	
(City, State and Zip Code)	
rsmith@dickinsonwright.com	
E-mail Address: (to be used for future annual r	report notifications)
For further information concerning this m	atter, please call:
Corey L. Warner	at (407) 948-0718 (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amodollars and drawn on a bank located in the	ount: (All checks processed by this office must be payable in US e United States)
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fees and Certificate of Status	
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: 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 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Creative Walls and Landscaping, 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 Florida (First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
3/10/2013 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Creative Walls and Landscaping, 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.

2019 SEP -3 KH 9: 52 SECRETARY OF STATE

Signed this 3rd day of September	20_19
Signature of Authorized Representative of Lim	
Signature of Authorized Representative:	6/
Printed Name: Corey L. Warner	Title: President
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Use Luce	
Signature: Warming No.	That Best Jane
Printed Name: Corey L. Warner	Title: President
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Cimatum	
Signature:Printed Name:	Title
rimed Name.	Title.
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Tr. I
Printed Name:	rate:
1f Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity Partnership:
Signature of one Creneral Partner.	
If Florida Limited Partnership or Limited Liabil	ity Limited Partnershin:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Company, "L.L.C" or "LLC.") ncipal office of the Limited Liability Company is: Mailing Address:
Mailing Address:
862 S. Duncan Drive
Tavares, FL 32779
egistered agent are:
. Box <u>NOT</u> acceptable)
. Box <u>NOT</u> acceptable) F1, 32778 Zip

(CONTINUED)

Registered Agent's Signature (REQUIRED)

T2141	Name and Address:
<u>Fitle:</u> "AMBR" = Authorized Member	mane and reduced
"MGR" = Manager	
AMBR	LJF Holdco, LLC
	862 S. Duncan Drive
	Tayares, FL 32778
(Use attachment if necessary)	
SLE V. Other provisions if any	
CLE V: Other provisions, if any,	nnaged.
LE V: Other provisions, if any, ited Liability Company will be Member Ma	nnaged.
CLE V: Other provisions, if any, ited Liability Company will be Member Ma	nnaged.
ited Liability Company will be Member Ma	nnaged.
CLE V: Other provisions, if any. ited Liability Company will be Member Ma REQUIRED SIGNATURE:	nnaged.
nited Liability Company will be Member Ma	nnaged.
REQUIRED SIGNATURE:	r an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of a member of any false information submitted in a document is executed in accordance any false information submitted in a document is a document in a doc	r an authorized representative of a member
Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware to the Department of State constitutes a third degree fellows.
REQUIRED SIGNATURE: Signature of a member of a member of any false information submitted in a document as provided for in s.817.155, F.S. Corr	

ARTICLE IV-