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(Re	questor's Name)	
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PICK-UP	☐ WAIT	. MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

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Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 031488 Smillelenan AUTHORIZATION : COST LIMIT : \$ 150.00 ORDER DATE: October 31, 2019 ORDER TIME : 4:08 PM ORDER NO. : 031488-010 CUSTOMER NO: 4321551 CONVERSION DOMESTIC FILING FLORIDA LANDSCAPE CONSULTANTS, NAME: INC. EFFECTIVE DATE: XX ARTICLES OF INCORPORATION _____ CERTIFICATE OF LIMITED PARTNERSHIP _____ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Kadesha Roberson - EXT.

EXAMINER'S INITIALS:

COVER LETTER

TO:	New Filing S Division of C				
CHR		Landscape Consultants, LL	С		
SUB)EC1		sulting Florida Limite	d Co	mpany)
The e Busin	nclosed Article less Entity" into	es of Conversion, Artic o a "Florida Limited L	cles of Organization	n, ar 'in a	nd fees are submitted to convert an "Othe accordance with s. 605.1045, F.S.
Please	e return all con	espondence concernin	g this matter to:		
Timot	ny Portland				
		(Contact Person)			
Yellov	vstone Landscape	, Inc.			
		(Firm/Company)			
P.O. B	ox 849				
	·	(Address)			
Bunne	ll FL, 32110				
	(1	City, State and Zip Code)			
tportla	nd@yellowstonel	andscape.com			
E-n	nail Address: (10 b	e used for future annual re	port notifications)		
For fu	rther informati	on concerning this ma	tter, please call:		
Timotl	ny Portiand		at (386)	437-6	5211
	(Name of Conta	ict Person)	(Area Code)	(Day	vtime Telephone Number)
Enclo: dollar:	sed is a check to s and drawn on	or the following amou a bank located in the	int: (All checks pro United States)	ocess	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles nization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing F and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
New F Divisi Cliftor	ET ADDRESS iling Section on of Corporati a Building	ions	New Fili Division P. O. Bo.	ng S of C x 632	Corporations 27
11007	Executive Cent	er Circle	Tallahass	see, I	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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Florida Landscape Consultants, 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	
(Enter state, or if a non-U.S. entity, the name of the country)	
September 1, 1997 on	
on	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Florida Landscape Consultants, 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 aground to pay any marsh as having apprint sicks at his assessment	

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.

Signature of Authorized Representative	2. 0
Signature of Authorized Representative:	To built to
Printed Name: Timothy Portland	Title: President CEO
Signature(s) on behalf of Other Business	s Entity: [See below for required signature
Signature(s) on behalf of Other Business Signature: Printed Name: Timothy Populand	?
Signature:	
Printed Name: Timothy Poytland	Title: Director
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	48.4
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Printed Name:	Title:
Printed Name:	Title:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Di	Title:rector, or Officer.
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Di	Title:rector, or Officer.
Printed Name: Florida Corporation: Signature of Chairman, Vice Chairman, Di f Directors or Officers have not been selec	Title: rector, or Officer. ted, an Incorporator must sign.
Printed Name: Florida Corporation: Signature of Chairman, Vice Chairman, Di Florida General Partnership or Limite	Title: rector, or Officer. ted, an Incorporator must sign.
Printed Name: Florida Corporation: Signature of Chairman, Vice Chairman, Di Florida General Partnership or Limite	Title: rector, or Officer. ted, an Incorporator must sign.
Printed Name: f Florida Corporation: Signature of Chairman, Vice Chairman, Di f Directors or Officers have not been selec f Florida General Partnership or Limite Signature of one General Partner.	Title: rector, or Officer. ted, an Incorporator must sign. rd Liability Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Di f Directors or Officers have not been selec If Florida General Partnership or Limite Signature of one General Partner. If Florida Limited Partnership or Limite	Title: rector, or Officer. ted, an Incorporator must sign. rd Liability Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Di f Directors or Officers have not been selec If Florida General Partnership or Limite Signature of one General Partner. If Florida Limited Partnership or Limite Signatures of ALL General Partners.	Title: rector, or Officer. ted, an Incorporator must sign. rd Liability Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Di f Directors or Officers have not been selec If Florida General Partnership or Limite Signature of one General Partner. If Florida Limited Partnership or Limite Signatures of ALL General Partners. MI others:	Title: rector, or Officer. ted, an Incorporator must sign. rd Liability Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Di f Directors or Officers have not been selec If Florida General Partnership or Limite Signature of one General Partner. If Florida Limited Partnership or Limite Signatures of ALL General Partners. MI others:	Title: rector, or Officer. ted, an Incorporator must sign. rd Liability Partnership:
Florida Corporation: Signature of Chairman, Vice Chairman, Dif Directors or Officers have not been selected for the General Partnership or Limite Signature of one General Partner. Florida Limited Partnership or Limite Signatures of ALL General Partners. All others: Signature of an authorized person.	Title: rector, or Officer. ted, an Incorporator must sign. rd Liability Partnership:
Florida Corporation: Signature of Chairman, Vice Chairman, Dif Directors or Officers have not been selected for the General Partnership or Limite Signature of one General Partner. Florida Limited Partnership or Limite Signatures of ALL General Partners. All others: Signature of an authorized person.	Title: rector, or Officer. ted, an Incorporator must sign. rd Liability Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Dif Directors or Officers have not been selected in Florida General Partnership or Limite Signature of one General Partner. If Florida Limited Partnership or Limite Signatures of ALL General Partners. MI others: Signature of an authorized person.	Title: rector, or Officer. ted, an Incorporator must sign. rd Liability Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Dif Directors or Officers have not been select If Florida General Partnership or Limite Signature of one General Partner. If Florida Limited Partnership or Limite Signatures of ALL General Partners. All others: Signature of an authorized person. Sees:	Title:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Dif Directors or Officers have not been selected for the selected of the selecte	Title:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compan	y is:
Florida Landscape Consultants, LLC (Must contain the words "Limited Li	iability Company, "L.L.C.," or "LI.C.")
ARTICLE II - Address:	
	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3235 North State Street	P.O. Box \$49
Bunnell, F1, 32110	Bunnell, FL 32110
(The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.) The name and the Florida street address of t Corporation Service Company N 1201 Hays Street	
	-
Tallahassee City	FL 32301 Zip
liability company at the place designate registered agent and agree to act in this cast statutes relating to the proper and complete accept the obligations of my position as	and to accept service of process for the above stated limited and in this certificate, I herchy accept the appointment as appacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and is registered agent as provided for in Chapter 605, F.S Roxanne Turner Asst. Vice President

(CONTINUED)

ARTICLE IV-

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	
MGR	Timothy Portland
	P.O. Box 849
	Bunnell, FL 32110
MGR	Chris Adornetti
	3235 North State Street
	Bunnell, FL 32110
	
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LE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	on anthorized representative of a member
Signature of a member or a This document is executed in accordance v	
Signature of a member or a This document is executed in accordance of any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (Y) (b), Florida Statutes. I am aware th
Signature of a member or a This document is executed in accordance vany false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (F) (b), Florida Statutes. I am aware the to the Department of State constitutes a third degree felo

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)