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N CULLIGAN OCT 22 2019

## **COVER LETTER**

TO:	New Filing Section
	Division of Corporations

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045. F.S.

Please return all correspondence concerning this matter to:

Kimberly Miller (Contact Person)
(Contact Person)
Aqua-Ez-Flo, LLC
(Firm/Company)
101 Marketside Ave STE 404-236
(Address)
Ponte Vedra, FL 32081
(City, State and Zip Code)
Adrienne @aquaezflo.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Adrienne Miazga	at (860) 985-9364
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles	S155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	□\$185.00 Filing Fees. Certified Copy, and Certificate of Status
of Organization)	Status		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



October 22, 2019

KIMBERLY MILLER 101 MARKETSIDE AVE STE 404-236 PONTE VEDRA BEACH, FL 32081

We have received your document for AQUA-EZ-FLO, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

I am enclosing the conversion form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 319A00021776

FILED

2019 NOV -7 PM 3: 59

Articles of Conversion
For
"Other Business Entity"
Into

SECRETARY OF STATE TALLAHAGSEE, FL

# 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:
Aqua-EZ-Flo, LLC (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>limited liability partnership</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on <u>June 17,1998</u> (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Aqua-E-Z-Flo, LLC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: \( \sum_{\text{out.}} \text{01, 2020} \).  (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.

<u>Signature (</u>	of Authorized Representative of Limi	ted Liability Company:
Cianatura o	f Authorized Representatives (11.	20.
Signature o Printed Nan	f Authorized Representative: Gline: Advictive Miazga	Title: Pourtney
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110	1031130
<u> Signature(s</u>	s) on behalf of Other Business Entity:	See below for required signature
Signature:	ali mi-	
Printed Nan	alin Minimo Miazga	Title: Partner
Signature:   . Printed Nan	Tuby Well Miller	Title: Partner
Signature:	ne:	Tida
rimied ivan	ne	Titte.
Signature: _	ne:	
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Printed Nan	ne:	Title:
		Title:
If Florida (	Corporation:	
<b>If Florida (</b> Signature of		Officer.
If Florida ( Signature of If Directors	Corporation:  f Chairman, Vice Chairman, Director, or or Officers have not been selected, an Inc.	Officer. corporator must sign.
If Florida ( Signature of If Directors If Florida (	Corporation:  f Chairman, Vice Chairman, Director, or or Officers have not been selected, an Inc  General Partnership or Limited Liabili	Officer. corporator must sign.
If Florida ( Signature of If Directors If Florida ( Signature of	Corporation:  f Chairman, Vice Chairman, Director, or or Officers have not been selected, an Inc.  General Partnership or Limited Liabili fone General Partner.	Officer. corporator must sign. ty Partnership:
If Florida ( Signature of If Directors If Florida ( Signature of	Corporation:  f Chairman, Vice Chairman, Director, or or Officers have not been selected, an Inc.  General Partnership or Limited Liabili f one General Partner.  Limited Partnership or Limited Liabili	Officer. corporator must sign. ty Partnership: ty Limited Partnership:
If Florida ( Signature of If Directors If Florida ( Signature of	Corporation:  f Chairman, Vice Chairman, Director, or or Officers have not been selected, an Inc.  General Partnership or Limited Liabili fone General Partner.	Officer. corporator must sign. ty Partnership: ty Limited Partnership:
If Florida C Signature of If Directors If Florida C Signature of If Florida I Signatures C	Corporation:  f Chairman, Vice Chairman, Director, or or Officers have not been selected, an Inc.  General Partnership or Limited Liability one General Partner.  Limited Partnership or Limited Liability of ALL General Partners.	Officer. corporator must sign. ty Partnership: ty Limited Partnership:
If Florida ( Signature of If Directors  If Florida ( Signature of If Florida I Signatures of	Corporation:  f Chairman, Vice Chairman, Director, or or Officers have not been selected, an Inc.  General Partnership or Limited Liabili f one General Partner.  Limited Partnership or Limited Liabili	Officer. corporator must sign. ty Partnership: ty Limited Partnership:
If Florida ( Signature of If Directors  If Florida ( Signature of If Florida I Signatures of All others:	Corporation:  f Chairman, Vice Chairman, Director, or or Officers have not been selected, an Inc.  General Partnership or Limited Liability one General Partner.  Limited Partnership or Limited Liability of ALL General Partners.	Officer. corporator must sign. ty Partnership: ty Limited Partnership:
If Florida C Signature of If Directors If Florida C Signature of If Florida I Signatures C All others: Signature of	Corporation:  f Chairman, Vice Chairman, Director, or or Officers have not been selected, an Inc.  General Partnership or Limited Liability one General Partner.  Limited Partnership or Limited Liability of ALL General Partners.  f an authorized person.	Officer. corporator must sign.  ty Partnership:  ty Limited Partnership:
If Florida ( Signature of If Directors  If Florida ( Signature of If Florida I Signatures of All others: Signature of Fees: Arti	Corporation:  f Chairman, Vice Chairman, Director, or or Officers have not been selected, an Inc.  General Partnership or Limited Liability one General Partner.  Limited Partnership or Limited Liability of ALL General Partners.  f an authorized person.	Officer. corporator must sign. ty Partnership: ty Limited Partnership:
If Florida ( Signature of If Plorida ( Signature of If Florida I Signatures of All others: Signature of Fees: Arti Fee: Cert	Corporation:  f Chairman, Vice Chairman, Director, or or Officers have not been selected, an Inc.  General Partnership or Limited Liability one General Partner.  Limited Partnership or Limited Liability of ALL General Partners.  f an authorized person.	Officer. corporator must sign.  ty Partnership:  ty Limited Partnership:  \$25.00

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Aqua - Ez - Flo, LLC (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability C	Company is:
Principal Office Address:	Mailing Address:	
69 Rialto Drive Ponte Vedra, FL 32081	101 Marketside Ave STE 404-236 Ponte Vedra, FL 32081	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		other
The name and the Florida street address of the re-	egistered agent are:	2018 I SEC SEC
<u>Kimberly Miller</u> Name	-	RETAK
69 Rialto Drive Florida street address (P.O.	Box NOT acceptable)	SECRETARY OF STATE
Ponte Vedra City	FL 320 <b>81</b> Zip	59 FATE
·	ZIP	

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)

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The name and address of each person authorized to manage and control the Limited Liability Company:

TAMBR = Authorized Member "MGR" = Manager  AMBR  AMBR  Adrienne Mazga  Sovo Estak Enighed PMB 248  St. John, VI 00830  Kimberly Miller  69 Rialto Drive  Ponte Vedra, FL 32081  (Use attachment if necessary)  LE V: Other provisions, if any.	Title:	Name and Address:
MBR  Kimberly Miller  69 Rialto Drive  Ponte Vedra, FL 32081  (Use attachment if necessary)		5000 Estate Enighed PMB 248
	AMBR	Kimberly Miller 69 Rialto Drive
	(Use attachment if necessary)	SSEE
	LE V: Other provisions, if any.	Society
Alexi Janai	LE V: Other provisions, if any.  REQUIRED SIGNATURE:	
Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any talse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.	REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any talse information submitted in a docu	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am aware tha
This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony	REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any talse information submitted in a document provided for in s.817.155, F.S.	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes, I am aware tha ament to the Department of State constitutes a third degree felon