| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only

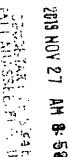
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08/06/19--01014--002 **115.00

05/13/19--01013--027 **35.00





September 3, 2019

JOSEPH MONDO JGM SERVICES, LLC 27 LAWRENCE LAKE FRIVE BOYNTON BEACH, FL 33436

SUBJECT: JGM SERVICES, LLC Ref. Number: W19000072029

We have received your document for JGM SERVICES, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

P19000015540-JGMS SERVICES, INC.

The Certificate of Conversion must be signed by an authorized person.

Please return the corrected original and one copy of 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.

Tyrone Scott Regulatory Specialist II New Filings Section

www.sunbiz.org

Letter Number: 919A00018080

COVER LETTER

| TO: New Filing Sec Division of Co | | . , | | |
|---|---|---|------------------|---|
| SUBJECT: IG | in world | Solvas | LLL | |
| SOBJECT: | <u> </u> | ulting Florida Limite | | |
| The enclosed Articles Business Entity" into a | | | | submitted to convert an "Other with s. 605.1045, F.S. |
| Please return all corres | spondence concerning | g this matter to: | | |
| JOSEPH MONDO | | · | | |
| Jan W | (Contact Person) Cly Stry (Firm/Company) | ius, llc | | |
| 27 LAWRENCE LAKE D | RIVE | | | |
| | (Address) | <u> </u> | | |
| BOYNTON BEACH, FL | 33436 | | | |
| (Ci | ty, State and Zip Code) | | | |
| JMONDO351@HOTMAI | | | | |
| E-mail Address: (to be | used for future annual rep | port notifications) | | |
| For further informatio | n concerning this mat | ter, please call: | | |
| JOSEPH MONDO | | _at (<u>561</u>) | 801-3724 | |
| (Name of Contac | t Person) | (Area Code) | (Daytime Telepho | one Number) |
| Enclosed is a check fo dollars and drawn on a | | | ocessed by this | office must be payable in US |
| (\$25 for Conversion & \$125 for Articles of Organization) | □\$155.00 Filing Fees and Certificate of Status | □\$180.00 Filing I and Certified Copy | | |
| STREET ADDRESS New Filing Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 3230 | ons r Circle | New Fil Division P. O. Bo Tallahas | ssee, FL 32314 | S Irene Albritton |
| INHS11 (7/17) | | - 1 | 50.00 35.00 | cudit en acct |

Articles of Conversion

For

"Other Business Entity"

Into

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 for to the filing of the Articles of Conversion is: JGM INSURANCE SERVICES, INC. — |
|---|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a |
| (Enter entity type. Example: corporation, infliced partitership, general partitership, continion law or business data, etc. |
| First organized, formed or incorporated under the laws of |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| 4/12/11 on |
| On |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: 6/1/19 |
| 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.



| Signed this 30 day of JULY | _ 20 <u>19</u> . |
|---|--|
| Signature of Authorized Representative of Limi | |
| Signature of Authorized Representative: Printed Name: JOSEPH MONDO | Title: MANAGING MEMBER |
| Signature(s) on behalf of Other Business Entity: [| See below for required signature(s)] |
| Signature: Printed Name: Soseth MMAO | _ Title: |
| Signature:Printed Name: | Title: |
| Signature:Printed Name: | Title: |
| Signature:Printed Name: | |
| Signature:Printed Name: | |
| Signature:Printed Name: | Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc. | Officer. corporator must sign. |
| If Florida General Partnership or Limited Liability Signature of one General Partner. | ty Partnership: |
| If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners. | ty Limited Partnership: |
| All others: Signature of an authorized person. | |
| <u>Fees:</u> | |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | | | |
|--|---|--|--|---------------------------|
| (Must contain the words "Limited Liability | Words Selvius, Company, "L.L.C.," or "LLC.") | UL | - | |
| | | | | |
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited | Liability C | Compan | y is: |
| Principal Office Address: | Mailing Address: | | | |
| 27 LAWRENCE LAKE DRIVE | SAME | | _ | |
| BOYNTON BEACH, FL 33436 | | <u></u> | - | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration. | red Agent. You must designate an in | nt's Signat dividual or an | ure: other | |
| JOSEPH MONDO | | | | |
| Name | | | | |
| 27 LAWRENCE LAKE DRIVE | | | | |
| Florida street address (P.O. | Box NOT acceptable) | | | |
| BOYNTON BEACH | FL 33436 | | | |
| City | Zip | | | |
| Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete placept the obligations of my position as regional Registered Agent's Signature. | this certificate, I hereby acce ty. I further agree to comply erformance of my duties, and istered agent as provided for | ept the appo with the pr d I am fami | ointmen. rovision. liar with r 605, F | t as s of ali i and |
| (CONTINU | J ED) | | AON GLE | |

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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 false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

To seph Mondo

Typed or printed name of signee

Filing Fees

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