# 000011881

(Rec	questor's Name)	
(Add	Iress)	
(Add	tress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



600338946396

01/21/20--01009--011 \*\*11.25

12/13/19--01017--024 \*\*157.50

# **COVER LETTER**

SUBJECT: Downstream Pressure Cleaning, LLC (Name of Resulting Florida Limited Company)
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:
Mristnamontgomery  (Contact Person)  Downstream Pressure Cleaning, LLC  (Firm/Company)  854 Conteid Drive NE  (Address)  Port Charlotte, FL 33950  (City. State and Zip Code)
Downsteam Plessure Cleaning (a) yanoo. Com E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:    Land   Montgomery   at (814)   462 - 4224     (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) - please see previous check sent.
dollars and drawn on a bank located in the United States) - please See previous Check Sent.    S150.00 Filing Fees
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

TO: New Filing Section
Division of Corporations

# **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

Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  Downstream Pressure Cleaning, UC  (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of <u>Pennsylvania</u> (Enter state, or if a non-U.S. entity, the name of the country)
on 7/27/2018 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Downstream Pressure Cleaning 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.
SECTIVE TALLY

Signed this <u>12</u> day of <u>December</u>	20_19
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative: At Printed Name: <u>KOSTINA</u> A. Martymen	Title: owner manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Ath. MMM Printed Name: Kosting H. Motgamen	Title: Owner   manager
Signature:	
Signature:Printed Name:	_ Title:
Signature:Printed Name:	Title
Signature:Printed Name:	Tisto
Printed Name:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
Frinted Name.	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or 6	
If Directors or Officers have not been selected, an Inc	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.	
Fees:	
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

The mailing address and street address of the principal office of the Limited Liability Company is:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

Mailing Address:

Must contain the words "Limited Liability Company, "LL.C.," or "LL.C."

ARTICLE I - Name:

**ARTICLE II - Address:** 

Principal Office Address:

The name of the Limited Liability Company is:

954 Conreld Drive NE PORT CHARLOTTE, FL 33952

business entity with an active Florida registration.)

-	KRIS	17 NA A.1 Name	nintqu	mery		
	854	CONREID	DRIVE	E NE		
	Florida stre	et address (P.O.	Box <b>NO</b> T	acceptable)		
	PORT	CHARLOTTE	FL_	33952		
		City		Zip		
Having been nam liability compa registered agent a	my at the pla	ce designated in i	his certifi	cate. I hereby c	iccept the appo	ointment as

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 M6 R	Kristina A. Montgomery 854 Conveid Drive NE PORT CHARLOTTE, FL 33952
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	<del></del>
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree fel
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware to ment to the Department of State constitutes a third degree felephone of printed name of signee

ARTICLE IV-