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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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STATES OF COMPORATIONS

COVER LETTER

TO: New Filing Section

New Filing Section

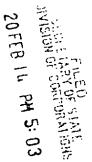
Division of Corporations	
SUBJECT: Mandel Mainte	conce orida Limited Company)
The enclosed Articles of Conversion, Articles of Or Business Entity" into a "Florida Limited Liability Conversion of Conversion	rganization, and fees are submitted to convert an "Other Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this ma	atter to:
Peter Mandell (Contact Person)	
Mandell Maintenance (Firm/Company)	
2101 IV. Atlantic Ave #	10_
Daytona Beach, FL 32118 (City. State and Zip Code)	
E-mail Address: (to be used for future annual report notifi	
For further information concerning this matter, plea	se call:
(Name of Contact Person) at (A	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All dollars and drawn on a bank located in the United S	checks processed by this office must be payable in US states)
☐ \$150.00 Filing Fees ☐ \$155.00 Filing Fees ☐ \$180.00 Filing Fees	tified Copy Certified Copy, and
Mailing Address:	Street Address:

New Filing Section . . .

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS11 (7/17)



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 prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(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 P2000005 882/ (Enter state, or if a non-U.S. entity, the name of the country)
on Jun of 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:
(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.

Signed this 12th day of February	20 <u>20</u>		
Signature of Authorized Representative of Lim	nited Liability Company:		
Signature of Authorized Representative: Ptto Printed Name: Peter Mandell	Title: OUDER	_	
Signature(s) on behalf of Other Business Entity: Signature: Atta Mandell Printed Name: Peter Mandell	See below for required signature(s)	-	Sign
Signature:Printed Name:	Title:	_ _	
Signature:Printed Name:	Title:	- -	
Signature:Printed Name:		_	
Printed Name:	Title:	_	
Signature:Printed Name:	Title:	-	
Signature:		_	
Signature:Printed Name:	Title:	_	JIVISION 20 FEB
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In			ION OF CORP
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ity Partnership:		F STATE PORATIONS H 5: 03
If Florida Limited Partnership or Limited Liabili Signatures of ALL 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

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

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

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:		
2101 IV. Atlantic Avc. unit #10 Daytona Beach, FL 32118	P.O. Box 290753 Port Orange, FL 32129		
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 re			L
<u>Peter Mande</u> Name		20 FEB	SECRI MISION
2101 N. Atlant Florida street address (P.O.	Box NOT acceptable)	<u>-</u>	OF CORPC

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)

<u>Title:</u> "AMBR" – Authorized Member	Name and Address:
"MGR" = Manager AMBA	Peter Mandell
	2101 N. Atlantic Ave. #10 Caytona Beach, FL 32118
(Use attachment if necessary)	
(Use attachment if necessary)	
•	
(Use attachment if necessary) LE V: Other provisions, if any.	
•	
•	
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LE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE: Poten () and ()	
REQUIRED SIGNATURE: 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.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware nent to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE: 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 (1) (b). Florida Statutes, I am aware nent to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE: 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 (1) (b), Florida Statutes, I am aware

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

ARTICLE IV-