# 120000140558

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

Office Use Only



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J DENNIS

# **COVER LETTER**

TO: New Filing S Division of C	Section Corporations			
SUBJECT: The Por	ol Factor LLC.			
SUBJECT.	(Name of Re	sulting Florida Lim	ited Cor	mpany)
		~		nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all cor	respondence concernir	ig this matter to:		
Alejandro Campana				
	(Contact Person)			
Ale's pool service Inc.				
	(Firm/Company)			
11129 Mustang st.				
	(Address)		_	
Boca Raton, Fl 33428				
	City, State and Zip Code)		_	
› bocaale18@gmail.cor				
	be used for future annual re	nort notifications)	_	
For further informati	ion concerning this ma	tter, please call:		
Alejandro Campana		at ( <u></u>	306-	6964
(Name of Conta	act Person)		) (Day	ytime Telephone Number)
	for the following amou a bank located in the		proces	sed by this office must be payable in US
S150.00 Filing Fees \$25 for Conversion \$ \$125 for Articles of Organization)	■\$155.00 Filing Fees and Certificate of Status	□S180.00 Filing and Certified Co	•	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add	ress:		Stree	t Address:
New Filing S				Filing Section
Division of C	-			ion of Corporations
P.O. Box 632				Centre of Tallahassee
Tallahassee, l	FL 32314		2415	N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **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:  Ale's pool service Inc. = 002000124455
(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)
11-21-2002 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
The Pool Factor 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.

Branch Commence	
Signed this 25 day of April	20
Signature of Authorized Representative of Lin	nited Liability Company:
	3/ m
Signature of Authorized Representative: Printed Name: Alejandro Campana	
Printed Name: Alejandro Campana	Trite: MGR
Signature(s) on behalf of Other Business Entity:	- **
Signature: Printed Name: Alejandro Campana	
Printed Name: Alejandro Campana	Title: President
Signature: Printed Name:	-rr.1
Printed Name:	Litte:
Signature:	
Signature: Printed Name:	Title:
Signature: Printed Name:	233.4
Printed Name:	I itle:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	
TARL III G	
<u>If Florida General Partnership or Limited Liabili</u> Signature of one General Partner.	
orginature of one General Landier.	
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All al	
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Con	npany is:
The lame of the 2mm of the many	
The Pool Factor LLC.	
(Must contain the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11129 Mustang st.	11129 Mustang st.
Boca Raton,FI 33428	Boca Raton,FI 33428
	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The name and the Florida street address	s of the registered agent are:
Alejandro Campana	
	Name
11129 Mustang st.	
Florida street addre	ess (P.O. Box NOT acceptable)

Boca Raton FL 33428
City 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)

ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
"MGR"	Alejandro Campana
	11129 Mustang st
	Boca Raton,FI 33428
(Use attachment if necessary)	
LE V: Other provisions, if any,	
CLE V: Other provisions, if any.	
TLE V: Other provisions, if any.	
T.E.V: Other provisions, if any,	
CLE V: Other provisions, if any,	
REQUIRED SIGNATURE:	
	-4>
	-4
REQUIRED SIGNATURE:  Signature of a member or ar	authorized representative of a member
Signature of a member or ar	n authorized representative of a member ith section 605.0203 (1) (b). Florida Statutes Lamaware t
REQUIRED SIGNATURE:  Signature of a member or ar This document is executed in accordance w	ith section 605,0203 (1) (b). Florida Statutos, Lam augus r
Signature of a member or ar This document is executed in accordance wany false information submitted in a docume as provided for in s.817.155, F.S. Alejandro Campana	ith section 605.0203 (1) (b), Florida Statutes, I am aware tent to the Department of State constitutes a third degree fel
Signature of a member or ar This document is executed in accordance wany false information submitted in a docume as provided for in s.817.155, F.S. Alejandro Campana	n authorized representative of a member ith section 605.0203 (1) (b). Florida Statutes. I am aware the to the Department of State constitutes a third degree fellows of the printed name of signee

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