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| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | usiness Entity Nan | ne) |
| (Dx | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

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February 20, 2020

JULIO C PARRILLA 302 HUBBARD AVE N FT MYERS, FL 33917

SUBJECT: EMEDITH LANDSCAPE SERVICES

Ref. Number: W20000018122

We have received your document for EMEDITH LANDSCAPE SERVICES and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

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.

Marti Simmons Regulatory Specialist II

Phase Rc-Send

Letter Number: 620A00003800

COVER LETTER

| SUBJECT: EMEDITH LANDSCAPE SERVICES (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: |
| Julio C. PARRILLA (Contact Person) |
| (Contact Person) |
| (Firm/Company) |
| 302 HUBBARD AVE (Address) |
| (Address) |
| W. FORT MYERS, FL 33917 (City, State and Zip Code) Lulio_parrilla300 D 49400. Com E-mail Address: (to be used for future annual report notifications) |
| (City, State and Zip Code) |
| Julio-parrilla300 Dyahoo. com |
| |
| For further information concerning this matter, please call: |
| Julio C. Parrilla at (239) 878-11902 (Name of Contact Person) (Area Code) (Daytime Telephone Number) |
| (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) |
| ☐ \$150.00 Filing Fees ☐ \$155.00 Filing Fees ☐ \$180.00 Filing Fees ☐ \$185.00 Filing Fees, |
| (\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and & \$125 for Articles Status Certificate of Status |
| Mailing Address: Street Address: |
| New Filing Section New Filing Section Division of Corporations Division of Corporations |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

TO: New Filing Section Division of Corporations

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 Corporation, limited partnership, general partnership, common law or business trust, etc.) |
| First organized, formed or incorporated under the laws of FLorenda (Enter state, or if a non-U.S. entity, the name of the country) |
| on <u>(d/22/2012</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: |
| EMEDITH LANDSCAPE SERVICES (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: |
| (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. |
| C |

| Signed this 25TH day of January | 20. 7 |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| signed this 23 day of VARYUATION | |
| Signature of Authorized Representative of Limit | ted Liability Company: |
| Signature of Authorized Representative: | Title: PRESIDENT |
| Signature(s) on behalf of Other Business Entity: | |
| Signature: Julio C. Parnella Printed Name: Tylio C. Parnella | Title: PRESIDENT |
| | |
| Signature: Quelly Parelle Printed Name: EVELYS PAREILA | Title: 1/11=-P0=-10=0/7 |
| Timed Name. Process FAILERINA | Time. production of the state o |
| Signature:Printed Name: | 2001 |
| Printed Name: | |
| Signature:Printed Name: | |
| Printed Name: | Title: |
| Signature: | |
| Signature: | Title: |
| Signature: | |
| Signature:Printed Name: | Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc. | |
| If Florida General Partnership or Limited Liabilit Signature of one General Partner. | y Partnership: |
| If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners. | y 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

| EMEDITH LANDSCAPE SERVICES LLC. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Must contain the words "Limited 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: |
| 302 HUBBARD AVE 302 HUBBARD AVE N. FORT MYERS, N. FORT MYERS, FL 33917 FL 33917 |
| 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 business entity with an active Florida registration.) |
| The name and the Florida street address of the registered agent are: Tulio C. Parrilla Name |
| 302 HUBBARD AVE Florida street address (P.O. Box NOT acceptable) N. FORT MYERSFL 33917 City Zip |
| 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 (REOUIRED) |

(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 | |
| A | Julio C Parrilla |
| | 302 Hubbard Ave |
| | N Fort Myers, FL 33917 |
| AP | Evelys Parrilla |
| <u> </u> | 302 Hubbard Ave |
| | N Fort Myers, FL 33917 |
| | 14 1 Of Myers, 1 E 333 17 |
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| REQUIRED SIGNATURE: | Ma |
| REQUIRED SIGNATURE: Signature of a member or | an authorized representative of a member |
| REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance | e with section 605.0203 (1) (b), Florida Statutes. I am aware tha |
| REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance | an authorized representative of a member to the Department of State constitutes a third degree felor |
| REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document in a docum | e with section 605.0203 (1) (b), Florida Statutes. I am aware tha |

Filing Fees

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