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Certified Copies	Certificate	s of Status
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COVER LETTER

TO: New Filing Section
SUBJECT: 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:
Acelinas Heaventy Cleaning (Firm/Company) 2209 Heit-acel (1951 Dr. (Address) Valcico FL 32594 (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call: at (83-83) Name of Contact Person) at (83-83) (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 (\$25 for Conversion & \$125 for Articles of Organization) \$150.00 Filing Fees and Certified Copy and Certificate of Status \$180.00 Filing Fees and Certified Copy & Certified Copy, and Certificate of Status
Mailing Address: Street Address:

New Filing Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division of Corporations The Centre of Tallahassee 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 <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 COCOCCO P17-000069749 (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
on 08, 18, 2017 (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: 18.31.2020. (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 day of	20_20
Signature of Authorized Representative of Limit	
Signature of Authorized Representative: Amerinted Name: Application (Application)	(inc) Ryan Title: President of MCN
Signature(s) on behalf of Other Business Entity: [
Signature: Angeling Ryan Printed Name: Angeling Ryan	Title: President
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability	corporator must sign.
Signature of one General Partner.	<u> </u>
If Florida Limited Partnership or Limited Liability Signatures of ALL 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

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Angly Can Hewart Change (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2209 Heirage drest Dr. Yalrico, re 3359	2209 Heritage Ciest Dr. Vario III. 32694
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Angelina Ryan	
2209 Heritage Florida street address (P.O.	
Valido O City	FL 33594 S FE
Having hour named as registered agent and to	accept service of process for the above stated limite

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)

Title:	Name and Address:
'AMBR" = Authorized Member	THE AND TRACTOSS.
'MGR" = Manager	\mathcal{A}
AM CR	Angelina kyan
	22001 Heritage Cleston
	Vall (0 FL 3554
Use attachment if necessary)	
,	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	(\alpha \cdots
(Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE:	C. AM
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware
Signature of a member or This document is executed in accordance 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

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ARTICLE IV-