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

	New Filing Se Division of C								
SURJE	CT: JMR RO	OFING AND GENERAL	SERVI	CES LLC					
SOME		(Name of Res				i Con	npany)	-	
				_			d fees are submitted to decordance with s. 605.10		n "Other
Please 1	return all corre	espondence concernin	g this n	natter to	5				
JAVIER	RAMIREZ MA	RTINEZ							
		(Contact Person)							
JMR RC	OOFING AND C	GENERAL SERVICES II	٧C						
		(Firm/Company)			_				
490 E M	IC NAB RD #1	5							
		(Address)			_				
РОМРА	NO BEACH, F	L 33060							
	((City, State and Zip Code)			_				
INFO@	BIGADVISOR.	US							
E-ma	uil Address: (to b	e used for future annual re	port noti	fications)	_				
For furt	ther information	on concerning this ma	tter, ple	ease call	:				
JAVIER	RAMIREZ MA	RTINEZ	at (754)	971	-5261		
	(Name of Conta	ct Person)			/_ le)	(Day	time Telephone Number)	-	
		or the following amou a bank located in the	-		pro	ocess	sed by this office must b	e payabl	e in US
(\$25 for	.00 Filing Fees Conversion for Articles ization)	S155.00 Filing Fees and Certificate of Status		30.00 Filir ertified C		ees	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	₹	7020 SE1
	Mailing Addr New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7			N D T 2	lew l Divisi The C 415 l	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite massee, FL 32303	810 m	-9 AHH: 114

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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 Articl JMR ROOFING AND GENERAL SERVICES	es of Conversion is:
(Enter Name of Other Business Entity)	•
2. The "Other Business Entity" is a CORPORATION (Enter entity type. Example: corporation, limited partnership, general partnership, common	an law or husiness trust etc.
First organized, formed or incorporated under the laws of	
on 04/08/2020 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Arti	cles 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 9 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 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.	
 The "Converted or Other Business Entity" has agreed to pay any members having apprais which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	sal rights the amount to 2020 SE: -9

•	, 1	
Signed this 09	day of <u>02</u>	2020
Signature of Auth	orized Representative of I	Limited Liability Company:
	<u></u>	101-7
Signature of Autho	rized Representative: ER RAMIREZ MARTINEZ	There -
Printed Name JAVII	ER RAMIREZ MARTINEZ	Title: VP
Signature(s) on be	half of Other Business Enti	ity: [See below for required signature(s)]
Signature:Printed Name:JAVII	A.	
Signature:	Austral	
Printed Name: JAVII	ER HAMIREZ MARTINEZ	Title: VP
Signature:		
Printed Name:		Title:
rimed rume		
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Cianatura		
Drintad Mamas		Title:
rimed Name		ritic
If Florida Corpora	ıtion:	
	ian, Vice Chairman, Director	r. or Officer.
	ers have not been selected, a	
		,
	Partnership or Limited Li	ability Partnership:
Signature of one Go	neral Partner.	
		ability Limited Partnership:
Signatures of <u>ALL</u>	General Partners.	
A 11 - 44		
All others:	and a same	
Signature of an auth	ierizea person.	
Fees:		
J & C.7.		

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: 2020 SER -9 AH 11: 4:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compa	any is:	
JMR ROOFING AND GENERAL SERVICES		
(Must contain the words "Limited	Liability Company, "L.L.C.," or "Ll.C.")	
ARTICLE II - Address:		
The mailing address and street address of	f the principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
490 E MC NAB RD #15	490 E MC NAB RD #15	
POMPANO BEACH, FL	POMPANO BEACH, FL	
33060	33060	
The name and the Florida street address of JAVIER RAMIREZ MA		
490 E MC NAB RD #15	5	
Florida street addres	ss (P.O. Box <u>NOT</u> acceptable)	
POMPANO BEACH	FL 33060	
City	Zip	
Registered Agent	nated in this certificate. Thereby access capacity. I further agree to comply inplete performance of my duties, and in as registered agent as provided for this Signature (REQUIRED)	ept the appointment as with the provisions of al U am familiar with and
(CO	ONTINUED)	

A	R	TI	CL	Æ	11	/_

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	JAVIER RAMIREZ MARTINEZ
	490 E MC NAB RD #15 POMPANO BEACH, FL 33060
	POWEANO BEACH, FE 33000
(Use attachment if necessary)	200
•	
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CLE V: Other provisions, if any.	2020 SET - 3
	<i>1</i> /2
	75
- 13 12 4 X 1 3 1 13 12 1 X 42 1 4 2 X X 1 4 2 1 2 1 3 1 3 1 2 2	
REQUIRED SIGNATURE:	~21/4×

Typed or printed name of signee

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)