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(Requestor's Name)	
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PICK-UP WAIT	MAIL
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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO:	New Filing Section Division of Corporate Corpo					
enn	ECT: JORGE'S TO	TAL HOME AND Y	ARD (CARE LLC		
20B1	IECT:	(Name of Res	ulting	Florida Limit	ed Con	npany)
The e Busin	nclosed Articles of ess Entity" into a "	Conversion, Artic Florida Limited Li	les of abilit	Organizationy Company	on, an " in a	id fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	e return all correspo	ondence concernin	g this	matter to:		
JO R G	E VERDEJA					
		Contact Person)				
JORG	E'S TOTAL HOME A	AND YARD CARE L	LC			
	(1	Firm/Company)		-		
P.O.B	OX 378573					
		(Address)			•	
VEVI	ARGO, FL 33037					
		State and Zip Code)		***	•	
ΤΩΤΔ	LHOMEANDYARDC	•				
	nail Address: (to be us			atifications)		
1,-1	nan Address, (to be us	ed for faidic amount	port in	our carreins y		
For fu	irther information o	concerning this ma	tter, p	olease call:		
JO R G	E VERDEJA		at (786	624-1	7809
	(Name of Contact P	erson)		(Area Code)	(Day	time Telephone Number)
	sed is a check for t is and drawn on a b				roces:	sed by this office must be payable in US
(\$25 fc & \$12;	or Conversion an	\$155.00 Filing Fees d Certificate of atus		180.00 Filing Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Address	: <u>:</u>			Stree	t Address:
	New Filing Section			'	New .	Filing Section
	Division of Corp	orations				ion of Corporations
	P.O. Box 6327				The (Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



August 19, 2020

JORGE VERDEJA P.O. BOX 378573 KEY LARGO, FL 33037

SUBJECT: JORGE'S TOTAL HOME AND YARD CARE INC.

Ref. Number: W20000078126

We have received your document for JORGE'S TOTAL HOME AND YARD CARE INC. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 320A00013863



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the	: Limited Liability Company	is:	
	L HOME AND YARD CARE LL		
	(Must contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - The mailing add		e principal office of the Limite	d Liability Company is:
Principal Offic	e_Address:	Mailing Address:	
111 MANGROVE TAVERNIER, FL	33070	P 0 B0 X 378573 KEY LARGO, FL 33037	
(The Limited Liability	 Registered Agent, Registe ty Company cannot serve as its own R (an active Florida registration.) 	red Office, & Registered Agegistered Agent. You must designate an	ent's Signature: individual or another
The name and t	he Florida street address of the	ne registered agent are:	2120 OCT 26 SECRETAR TALLAHA
	JORGE VERDEJA	<u>. </u>	OCT 26 PRETARI ALLAHA
	N:	ame	26 HAN
	111 MANGROVE LANE		TARY OF
	Florida street address (l	P.O. Box NOT acceptable)	ုုက္က ယ္ ေ
	TAVERNIER	FL 33070	ATE OI
	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 Signatur (REQUIRED)

(CONTINUED)

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**	п		•		

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	JORGE VERDEJA	
	111 MANGROVE LANE	
	TAVERNIER, FL 33070	
		
		
		<u> </u>
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(Use attachment if necessary)		11. (1 13. u
,,		AHASSEE, FL
		L 2
CLE V: Other provisions, if any.		·
	<u> </u>	

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

JORGE VERDEJA

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)