# LZ0000343527

(Requestor's Name)	-
(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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Office Use Only

J. FASON NOV 1 0 2020



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### **COVER LETTER**

<b>TO:</b> New Filing S Division of C			
SUBJECT: PO	)177 HOINE SE (Name of Res	RVICES, LL	<u>C</u>
	(Name of Res	sulting Florida Limited C	ompany)
		_	and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:	
PAMELA H	(Contact Person)		
	(Contact Person)		
POM HOM	(Contact Person)  E SERVICES, (Firm/Company)	LLC	
	(Address)		
CAPE COR	<i>A</i> ム、 <i>F</i> ム <u>339</u> City, State and Zip Code)	14	
(	City, State and Zip Code)		
E-mail Address: (to b	de used for future annual re	port notifications)	
For further informati	on concerning this ma	tter, please call:	
Damera H	177/1007	at ( 248 ) 2	163-5214
(Name of Conta	act Person)	(Area Code) (D	63-5314 Daytime Telephone Number)
	for the following amou a bank located in the	•	essed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add			eet Address:
New Filing S Division of C			v Filing Section
Division of C	orporations	שוע	ision of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

# **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	<del>-</del>
PDM HOME SERVICES, INC. (Enter Name of Other Business Entity)	,
2. The "Other Business Entity" is a <u>Corporation</u> (Enter entity type. Example: corporation, limited partnership, gen	neral partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of	e 1014 r if a non-U.S. entity, the name of the country)
on Oct 1212 1020 Eff 1-1-21 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth	in the attached Articles of Organization:
PDIN HOME SERVICES, LLC (Enter Name of Florida Limited Liability Company)	<u> </u>
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 the date this document is filed by the Florida Department of Standard Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	ate nor more than 90 calendar days after ate.)
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 me which such members are entitled under ss. 605.1006 and 605.1061-	
	2020 OCT 29 A

•	$\mathcal{L}$	_
Signed	this 26th day of Vetaste	_ 20 <i>_ 20</i>
Signat	ure of Authorized Representative of Limi	ted Liability Company:
Cimat	ure of Authorized Representative: James Name: Panela H nulant	1 1 11/1
Drinted	Name: Panela H nulgar	Title: OVO T
rimicu	Ivalic. PANIELA A MILAN	_ Title,
	ure(s) on behalf of Other Business Entity:	
Signatu	IName: DAVID A. MILYM	
Printed	Name: DAVID A. MILLIM	Title:
Signatu	ure:	
Printed	ure:   Name:	Title:
Signati	ıre:   Name:	
Printed	Name:	Title:
	ıre:	
Printed	Name:	Title:
Signati	ıre:	
Printed	ıre:	Title:
Drinted	ire: ! Name:	Title
Timed	rvaile.	Title.
If Flor	ida Corporation:	
	are of Chairman, Vice Chairman, Director, or	Officer.
	ctors or Officers have not been selected, an In-	
		•
	<u>ida General Partnership or Limited Liabili</u>	ty Partnership:
Signati	ire of one General Partner.	
	ida Limited Partnership or Limited Liabili	y Limited Partnership:
Signatu	ares of ALL General Partners.	
All oth	ers:	
Signatu	ire 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)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Must contain the words "Limited Liability	L.LC-
(Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
PAMELA H MILAM - PVIO	1412 SW 43 TO TERRACE, CAPE CORAL, FL 33914
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	registered agent are:
PAMELA H MIA Name	<i>LAM</i>
Name	•
14/2 SW 43 "	O TERRACE
Florida street address (P.O	. Box NOT acceptable)
<u>CAPE CORAL</u> City	FL 339/4/
City	Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S
Registered Agent's Sign	nature (REQUIRED)

(CONTINUED)

### **ARTICLE IV-**

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	PAMELA H MILAM  1412 SW 4310 TERRACE  CAPE CORAL, FL 33914
13MBR	DAYID A MILANT  1412 SW 43 TO TERRACE  CAPE CORAL, FL. 33914
	702D OCT 2
(Use attachment if necessary)	MILE STATE
CLE V: Other provisions, if any.	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felon

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)