(2800)39211(

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)	
(0.1	,, - (10.10.10 , - 10.10 , 17)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	Certificates of	Status
	_	
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Division of C	orporations			
SUBJECT: Handyma	an Power, LLC			
осы вет. <u></u>	(Name of Res	ulting Florida Limi	ed Con	npany)
				d fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:		
Anibal Alvelo				
	(Contact Person)	<u> </u>	-	
Handyman Power, LL0				
	(Firm/Company)		-	
PO Box 115				
	(Address)		-	
Goldenrod, FL 32733				
((City, State and Zip Code)		•	
handymanpowerlic@g	mail.com			
E-mail Address: (to b	e used for future annual re	port notifications)	-	
For further informati	on concerning this ma	tter, please call:		
Anibal Alvelo		at (⁴⁰⁷)688-3	3069
(Name of Conta	ict Person)	_ \=	(Day	time Telephone Number)
	for the following amou a bank located in the		rocess	sed 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 and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
<u>Mailing Add</u> New Filing S				Address: Filing Section
Division of C	Corporations		Divisi	ion of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

INHS11 (7/17)

P.O. Box 6327

Tallahassee, FL 32314

TO:

New Filing Section

Articles of Conversion

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Fl Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion Handyman Power Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trus
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trus
First organized, formed or incorporated under the laws of
(Enter state, or if a non-O.S. entity, the name of the country)
05/12/2016 on
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organizati Handyman Power, LLC
(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 a 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 to 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 amour

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this day of November	_20 <u>_20</u>
Signature of Authorized Representative of Lim	ted Liability Company:
Signature of Authorized Representative: Printed Name: Anibal Alvelo	Title: President
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature:	
Printed Name: Ailed D Balaguer	Title: Vice President
Signature:	
Printed Name: Anibal Alvelo	Title: President
Signature	
Signature:Printed Name:	Title:
C	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
Timed Name.	
Signature:	Till
Printed Name:	
If Florida Corporation:	0.00
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
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 COMPAN

ARTICLE I - Name: The name of the Limited Liability Company is	:
Handyman Power, LLC (Must contain the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
3730 LAURA AVE	PO Box 115
SANFORD, FL 32773	Goldenrod, FL 32733
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the Ailed Balaguer Name	registered agent are:
3730 Laura Ave	Day NOT againtable)
Florida street address (P.C	
Sanford City	FL ³²⁷⁷³ Zip
Having been named as registered agent and t liability company at the place designated i registered agent and agree to act in this capac statutes relating to the proper and complete	to accept service of process for the above stated lim in this certificate, I hereby accept the appointment a city. I further agree to comply with the provisions of performance of my duties, and I am familiar with a egistered agent as provided for in Chapter 605, F.S.

(CONTINUED)

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

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
President	Anibal Alvelo		
	· · · · · · · · · · · · · · · · · · ·		
	3730 Laura Ave		
	Sanford, FL 32773		
			
			
(Use attachment if necessary)			
(Site ditactiment in necessary)			
CLE V: Other provisions, if any.			
	7878 055		
REQUIRED SIGNATURE:			
	4		

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

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 fellow as provided for in s.817.155, F.S.

1 1/1/2/0

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)