L210000 12857

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

SUBJECT: E & H OF	RTIZ LANDSCAPING SI	ERVICES, LLC				
	(Name of Res	ulting Florida Lin	ited Cor	mpany)	_	
				nd fees are submitted to ecordance with s. 605.		
Please return all corre	espondence concernin	g this matter to				
ERIKA ORTIZ						
	(Contact Person)		_			
E & H ORTIZ LANDSC	APING SERVICES, LLC					
	(Firm/Company)		_			
5913 LOGAN AVE						
	(Address)					
COCOA, FL 32927						
	City, State and Zip Code)		_			
LIZZIEBEDOLLA@GM	•					
	e used for future annual re	port notifications)	_			
For further information	on concerning this ma	tter, please call				
ERIKA ORTIZ		_at (_)417-8	8332		
(Name of Conta	et Person)	(Area Cod	e) (Day	vtime Telephone Number)		
	or the following amou a bank located in the		proces	sed by this office must	be paya	ble in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155,00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co		☐S185.00 Filing Fees. Certified Copy, and Certificate of Status	·	2020 Ur.C
Mailing Adda	ress:		Stree	t Address:		30
New Filing S				Filing Section	•	Ρh
Division of C P.O. Box 632				ion of Corporations	(H. 4)	
Tallahassee, I				Centre of Tallahassee N. Monroe Street, Sui	고등 te \$105	26
				hassee, FL 32303		

TO: New Filing Section
Division of Corporations

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.

(Enter Name of Other Bu	isiness Entity)
CORPORATION	
	ed partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the lay	vs of
	(Enter state, or if a non-U.S. entity, the name of the country)
06/01/2006 on .	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Compa	my as set forth in the attached Articles of Organization:
E & H ORTIZ LANDSCAPING SERVICES, LLC	
(Enter Name of Florida Limited L	iability Company)
4. If not effective on the date of filing, enter the effe	01/01/2021 ctive date:
	eipt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Dep Note: If the date inserted in this block does not meet the applie document's effective date on the Department of State's records	rable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approved in acco	• •
6. The "Converted or Other Business Entity" has agree which such members are entitled under ss. 605.1006	d to pay any members having appraisal rights the amount to and 605.1061-605.1072, F.S.
	_

Signed this gahdrat day of 2/28	20_20
Signature of Authorized Representative of Limit	
Signature of Authorized Representative:Printed Name: ERIKA ORTIZ	Title: REGISTER AGENT
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature: Gown H. Orts: Printed Name CARLOS H ORTIZ GARCIA	_ Title: P.VP
Signature: Frina Orfiz	Title: SEC
Printed Name: ERIKA ORTIZ Signature: Erika Ortiz	Title: SEC
Printed Name: ERIKA ORTIZ	Title: TREA
Signature: Printed Name:	_ Title:
Signature:Printed Name:	_ Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Articles of Conversion:

Certificate of Status:

Certified Copy:

Fees for Florida Articles of Organization:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
E & H ORTIZ LANDSCAPING SERVICES, LLC		
(Must contain the words "Limited Liabilit	v 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:	
5913 LOGAN AVE	5913 LOGAN AVE	
COCOA, FL 32927	COCOA, FL 32927	
(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 telephone ERIKA ORTIZ	registered agent are:	
Namo	2	
5913 LOGAN AVE		
Florida street address (P.O	Box <u>NOT</u> acceptable)	
COCOA	FL 32927	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete paccept the obligations of my position as reg	n this certificate, I hereby accertify. I further agree to comply performance of my duties, and gistered agent as provided for mature (REQUIRED)	ept the appointment as with the provisions of all I am familiar with and in Chapter 605, F.S EC 30 PH
(CONTIN	(UED)	4: 26

ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR - Manager MGR	CARLOS H ORTIZ GARCIA
<u></u>	5913 LOGAN AVE
	COCOA, FL 32927
	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
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LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	LU
(Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE: Goal H. Orf	1170.7
LE V: Other provisions, if any. REQUIRED SIGNATURE: Gordon H. Org	7921
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	with section 605,0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree is
REQUIRED SIGNATURE: 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.	with section 605,0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree is
REQUIRED SIGNATURE: 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.	with section 605.0203 (1) (b), Florida Statutes. I am awage

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)