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(Requestor's Name)
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PICK-UP WAIT MAIL
(Curinan Fath, Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO: New Filing S Division of C				
SUBJECT, LIMA'S	QUALITY SERVICES LL	.C		
SUBJECT:	(Name of Res	sulting Florida Limite	d Com	pany)
				I fees are submitted to convert an "Other cordance with s. 605,1045, F.S.
Please return all corr	respondence concernin	g this matter to:		
GREISY SUAREZ				
	(Contact Person)			
DIRECT SOLUTION S	SERVICES			
	(Firm/Company)	-		
1248 Viscaya Pkwy				
	(Address)			
Cape Coral, FL 33990)			
(City, State and Zip Code)			
info@directsolutionse				
E-mail Address: (to l	be used for future annual re	port notifications)		
For further informati	ion concerning this ma	tter, please call:		
GREISY SUAREZ		at (²³⁹)	443 5	846 ime Telephone Number)
(Name of Cont	(Area Code)	(Dayt	ime Telephone Number)	
	for the following amou a bank located in the		ocess	ed 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 F and Certified Copy		
Mailing Add		_		Address:
New Filing S Division of C				iling Section on of Corporations
P.O. Box 631	•			entre of Tallahassee
Tallahassee.		2	415.8	7. Monroe Street, Suite 810

Tailahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 23, 2021

GREISY SUAREZ DIRECT SOLUTION SERVICES 1248 VISCAYA PKWY CAPE CORAL, FL 33990

SUBJECT: LIMA'S QUALITY SERVICES LLC

Ref. Number: W21000025475

We have received your document for LIMA'S QUALITY SERVICES LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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 III

. Letter Number: 021A00004030

FILED

Articles of Conversion For

"Other Business Entity"

Into

Florida Limited Liability Company

2021 MAR -8 PM 4: 47 SECRETARY OF STATE TALLAHASSEE, FL

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. Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: LIMA'S QUALITY SERVICES CORP
(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 trust, etc.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
01/03/2019
01/03/2019 On
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
LIMA'S QUALITY SERVICES 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 after 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 the 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 amount to

which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.

Signed this 18 day of NOVE	MBER 20 20 .
Signature of Authorized Represen	tative of Limited Liability Company:
Simulations of Authorized Demographs	tive:Title:
Signature of Authorized Representati	rial a
Printed Name: DADMIER LIMA	11tle:
	siness Entity: [See below for required signature(s)
Signature: AUMER LIMA	
Printed Name: AUMER LIMA	Title: PRESIDENT
Signature:	
Printed Name:	Title:
Printed Name:	Title:
Signature:	Title:
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairma If Directors or Officers have not been If Florida General Partnership or L Signature of one General Partner.	selected, an Incorporator must sign.
If Florida Limited Partnership or L Signatures of ALL General Partners.	imited Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of C	Organization: \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LIMA'S QUALITY	, SEB//ICES 11 C		
		Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	Address:		
The mailing add	ress and street address of	the principal office of the Limited Liab	ility Company is:
Principal Office	e Address:	Mailing Address:	
327 SE 23RD AV	'E	327 SE 23RD AVE	
APT 8		APT 8	
7 11 1 0		AFTO	
CAPE CORAL, F		CAPE CORAL, FL 33990	
CAPE CORAL, F ARTICLE III - (The Limited Liability business entity with	Registered Agent, Regis	CAPE CORAL, FL 33990 stered Office, & Registered Agent's S n Registered Agent. You must designate an individua	al or another 2021 MAN
CAPE CORAL, F ARTICLE III - (The Limited Liability business entity with	Registered Agent. Regists of Agent Regists of Agent Registration.) The Florida street address of DAUMIER LIMA	CAPE CORAL, FL 33990 stered Office, & Registered Agent's S n Registered Agent. You must designate an individua	2021 MAR -8 TALLAHAN
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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 Signature (REQUIRED)

(CONTINUED)

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

"AMBR" = Manager AMBR DAUMIER LIMA 327 SE 23RD AVE CAPE CORAL, 33990 (Use attachment if necessary) CLE V: Other provisions, if any. 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 the any false information submitted in a document to the Department of State constitutes a third degree felor as provided for in s.817.155, F.S. Daumier Lima Typed or printed name of signee Filing Fees S125.00 Filing Fee for Articles of Organization and Designation of Registered As	<u>Title:</u>	Name and Address:
AMBR DAUMER LIMA 327 SE 23RD AVE CAPÉ CORAL, 33990 (Use attachment if necessary) CLE V: Other provisions, if any. 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 Stantes, I am aware the any false information submitted in a document to the Department of State constitutes a third degree felor as provided for in s.817.155, F.S. Daumier Lima Typed or printed name of signce Filing Fees		er
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Daumier Lima Typed or printed name of signee Filing Fees	any false information submitted in a	a document to the Department of State constitutes a third degree felony
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