# LZ1000160252

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



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### COVER LETTER

TO: New Filing Son Division of C					
SUBJECT:	TY Selvic (Name of Res	es Cleania ulting Florida Limited	Company)	_	
			, and fees are submitted to n accordance with s. 605.		
Please return all corre	espondence concerning	g this matter to:			
Malvarel	6. Bulgor (Contact Resson)	· · · · · · · · · · · · · · · · · · ·			
PTY Seevic	(Firm/Company)	CC.			
303 Senta	(Address)	302		 17	2021 HAR
St. Johns	F( 3225°	7			<u>8 16 .</u>
buegarnoeur	City, State and Zip Code)  Sel Como:  Current State and Zip Code)  Sel Como:  Current State and Zip Code)	port notifications)		. <sup>-</sup> .	PH 3: 05
For further informati	on concerning this mat	tter, please call:			O1
Maloque 6.	Bugges G.	at ( 20 ) (Area Code) (	291-4935 Daytime Telephone Number)		
	or the following amou a bank located in the		cessed by this office must	be paya	ble 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 Fee and Certified Copy	es		
Mailing Add			reet Address:		
New Filing S Division of C			ew Filing Section vision of Corporations		
P.O. Box 632	-		e Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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 filing of the Articles of Conversion is:
PTY Services Cleaning LLC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>limited liability</u> Coupany.  (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 <u>Colorado</u>
(Enter state, or if a non-U.S. entity, the name of the country)
on ///9/2018 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  PTV See Vices Cleaning 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 for more than 90 calendar days after
the date this document is filed by the Florida Department of State.)
<u>Note:</u> 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 <u>15</u> day of <u>Maech</u>	_ 20 <u><b>2</b>/</u>	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative:	BM 7	
Signature of Authorized Representative:	THE ANNOR AND P	
Printed Name: MARUQUEL G. WRYCK G	_ little: _OWIXE/17MDB_	
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)	
Signature:	,	
Signature: Printed Name: Malvave G. Ruegon 3	Title: DWWRE/AMBR	
Signature:Printed Name:		
Printed Name:	_ Title:	
Signatura:		2021 HAR
Signature:Printed Name:	Title:	
		•
Signature:		
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Signature:Printed Name:	Title:	: 05
rrinted Name.	_ True.	.j. <i>U</i>
Signature:		
Printed Name:	Title:	
If Florida Corporation:	Office	
Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		
if Directors of Officers have not been selected, an inc	corporator must sign.	
If Florida General Partnership or Limited Liabilit	ty Partnership:	
Signature of one General Partner.	<del></del>	
If Florida Limited Partnership or Limited Liabilit	ty Limited Partnership:	
Signatures of ALL General Partners.		
All others:		
Signature of an authorized person.		
<u>Fees:</u>		
	625.00	
Articles of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00 \$30.00 (Ontional)	
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)	
Certificate of Status.	wo.oo (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 Company, "L.L.O." or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:  303 Sentosa Dr  St. Johns, FC 32259  St. Johns FC 32259
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:  Maluque 6. Buegos 6.  Name  303 Seviosa dr unit 307  Florida street address (P.O. Box NOT acceptable)  St 30hus Fl. 32259  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

(CONTINUED)

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
1.100	1/2222
MGR	Malugoel 6. Bulgos (303 Sentosa Dr. UW/ 307 5+ Johns FC 32259
MGR	Joege E. Guardia S.  303 Sentosa Dr Un  54. John 5 FL 32259
<u> </u>	
(Use attachment if necessary)	7. 1. 2. 2. 2.
CLE V: Other provisions, if any.	N/A
REQUIRED SIGNATURE:	Day 1.
This document is executed in accordance	n authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am award nent to the Department of State constitutes a third degree for

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)