L21000322592

(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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JUL 1: 2021

COVER LETTER

Division of C	Corporations						
SUBTROT. Souther	n United Multiservices Lt	_C					
SOBJECT.	(Name of Res	sulting Florida Li	mited Con	npany)			
		_		d fees are submitted to coordance with s. 605.		"Other	
Please return all corr	espondence concernin	g this matter to	o:				
Alejandra I Viojo							
	(Contact Person)						
AVR Accounting Servi	ces LLC					9	
	(Firm/Company)					21	
6900 Tavistock Lakes	Blvd, Ste 400					<u></u>	
	(Address)					= ==	
Orlando FL 32827						21 JUL 14 PH 12: 43	
(0	City, State and Zip Code)					<u>.</u>	
alejandra@avras.us						చ్	
E-mail Address: (to b	e used for future annual re	port notifications)		, D=-	-	
For further informati	on concerning this ma	tter, please cal	1:				
Alejandra I Viojo		at (407	205-7	7626			
(Name of Conta	ict Person)		de) (Day	rtime Telephone Number)			
	for the following amou a bank located in the			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 Fill and Certified (~	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
Mailing Add New Filing S Division of C P.O. Box 632	ection orporations		New I Divisi	t Address: Filing Section ion of Corporations Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section

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: Southern United Multiservices LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Single Member LLC
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
01/10/2020 on .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Southern United Multiservices 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.
21 JUL II PHIZ

Signed this 28 th day of June					
Signature of Authorized Representative of Lin					
Signature of Authorized Representative: Julian Printed Name: Julian Cardona Ortiz	an Cardona Title: AMBR	··			
Signature(s) on behalf of Other Business Entity:					
Signature: Aulian Cardona					
Printed Name Julian Cardona Ortiz	Title: AMBR				
Signature:					
Signature: Printed Name:	Title:	- -			
Signature: Printed Name:	Title:	=			
Signature:Printed Name:	Title:	-			
Signature:	T'41	-			
Printed Name:	Title:	-			
Signature:		=			
Printed Name:	Title:	-			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or					
If Directors or Officers have not been selected, an Ir	ncorporator must sign.				
If Florida General Partnership or Limited Liabil	ity Partnership:				S
Signature of one General Partner.		Apple Co	21		•
If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.	ity Limited Partnership:		JUL II		
-		SS			
All others: Signature of an authorized person.			TE	571 773	
or an addionized person.		<u>. </u>	PM 12: 43		
Fees:		1	ಭ		
A -+ i-1 F. C i	#2C 00				

Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: \$125.00

\$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Southern United Multiservices LLC	
(Must contain the words "Limited Liability	Company, "L.I.,C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8292 SW 59th Terrece	8292 SW 59th Terrece
Ocala FL 34476	Ocala FL 34476
The name and the Florida street address of the re AVR ACCOUNTING SERVICE Name	
6900 Tavistock Lakes Blvd, Ste	a 400
Florida street address (P.O.	
Orlando	FL ³²⁸²⁷
City	Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:				
"AMBR" = Authorized Member					
"MGR" = Manager					
AMBR	Julian Cardona Ortiz				
	8292 SW 59th Terrece	-			
	Ocala FL 34476	-			
		-			
		-			
		-			
					
(Use attachment if necessary)					
		G_{ij}^{ij}			
	₩ : 2	~\ 4			
ARTICLE V: Other provisions, if any.					
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	<u> </u>				
REQUIRED SIGNATURE:	<u>, , , , , , , , , , , , , , , , , , , </u>				
\(\sqrt{\sq}}}}}}}\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	lardona 55				
	1 (ardor)d * ~				
· ···					
Signature of a member or a	an authorized representative of a member				
This document is executed in accordance	with section 605,0203 (1) (b), Florida Statutes. I am aware the	iat			
any false information submitted in a docum	nent to the Department of State constitutes a third degree feld	my			

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

Julian Cardona Ortiz

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)