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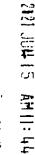
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Special Instructions to Filing Officer	:





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July 19, 2021

IVORINE ETIENNE 30 NW 38 PL SUNRISE, FL 33351

SUBJECT: MASTER VOVO CLEANING SERVICES AND VALET ATTENDANT,

INC

Ref. Number: W21000102166

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the **complete document**, including the electronic filing cover sheet.

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.

Lillie S Kervin Regulatory Specialist II

Letter Number: 721A00016585

COVER LETTER

	ling Section n of Corporations				
OLUMBIA STE MA	ASTER VOVO CLEANING SE	RVICES AND VAL	ET AT	TENDANT, INC	
SORTECT:	(Name of Re	sulting Florida Limit	ed Com	ipany)	_
The enclosed A Business Entity	articles of Conversion, Artic of into a "Florida Limited L	cles of Organizati iability Company	on, and	d fees are submitted to ecordance with s. 605.1	convert an "Other 1045, F.S.
Please return a	Il correspondence concernir	ng this matter to:			
IVORIC ETIENN	IE				
	(Contact Person)		-		
MASTER VOVO	CLEANING SERVICES AND	VALET ATTENDA	1		
	(Firm/Company)		•		212
30 NW 38 PL					2121 الله ا 5 سوء .
	(Address)	<u></u>	•		<u> </u>
SUNRISE, FL 3	3351				2
	(City, State and Zip Code)	·	_		AH III
EIVORIC@YAH	100,СОМ				
E-mail Addre	ss: (to be used for future annual r	eport notifications)	-		<u> </u>
For further infe	ormation concerning this m	atter, please call:			·
IVORIC ETIEN	٧E	at (⁹⁵⁴	560-6		
(Name c	of Contact Person)	(Area Code) (Day	time Telephone Number)	
	theck for the following amount on a bank located in the		process	sed by this office must	be payable in US
S150.00 Filing (\$25 for Conversi & \$125 for Article of Organization)	on and Certificate of	□\$180,00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
New F Divisio P.O. B	g Address: iling Section on of Corporations ox 6327 assee, FL 32314		New Divis The C	t Address: Filing Section ion of Corporations Jentre of Tallahassec N. Monroe Street, Suit	te 810

Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

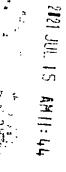
Into

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, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: MASTER VOVO CLEANING SERVICES AND VALET ATTENDANT, INC. 112-2014.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
on $\frac{\frac{67/12/2021}{2021} - \frac{3/38/12}{(\text{date of organization, formation or incorporation})}}{(\text{tenter state, or if a non-tj.S. entity, the name of the country)}}$
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
MASTER VOVO MULTI SERVICES GROUP 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 Ducinese Entity" has acread to now my mamber, brying appraisal sights the appoint to

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 12	day of JULY		
Signature of Author	orized Representative o	f Limited Liability Company:	
Signature of Author Printed Name: IVOR	rized Representative: IC ETIENNE	Title: REGISTERED AGENT	<u> </u>
		ntity: See below for required sign:	
Signature: Signature:	The Etilloui		
Printed Name: / V	iicic Etivileic	Title: <u>CW/Jek</u>	
Cimatura			
Printed Name:		Title:	
Signature:		Title:	
Timed ivalie.			
Signature:		Title:	
Printed Name:	,	little:	
Signature:		Tale:	
Printed Name:	<u> </u>	Title:	
Signature			
Printed Name:		Title:	
If Florida Corpora Signature of Chairn	<u>ition:</u> ian, Vice Chairman, Direc		
If Florida General Signature of one Ge	Partnership or Limited meral Partner.	<u>Liability Partnership:</u>	
If Florida Limited Signatures of ALL		Liability Limited Partnership:	
All others: Signature of an auth	norized person.		
Fees:			
Articles of	Conversion:	\$25.00	

\$125.00

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

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status: ZIZI JUL 15 AH II: 4

1. A. C.				
Signed this 12 day of JULY				
Signature of Authorized Representative of Limi	ted Liability Company:			
Circulation of Authorized Papersontatives 9	william			
Signature of Authorized Representative: Printed Name: IVORIC ETIENNE	Title: REGISTERED AGENT	_		
Signature(s) on behalf of Other Business Entity: [
Signature:		_		
Signature: Printed Name:	Title:	_		
Signature:		_		
Signature:Printed Name:	Title:	_		
Signature:		_		
Signature:Printed Name:	Title:	-		
Signature:		_		
Printed Name:	Title:	_ _		
Signature				
Signature:Printed Name:	Title:	-		
Signatura				
Signature:Printed Name:	Title:	<u>-</u>		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.				
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:			
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:			
All others: Signature of an authorized person.		# # Q.	2021	
Fees:		• F.	2021 JUL	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	0	15 WH 1:40	r=;

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE L. Nome			
ARTICLE I - Name: The name of the Limited	Liability Company is:		
	• • •		
MASTER VOVO MULTI SE	RVICES GROUP LLC		
	in the words "Limited Liability (Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and	: street address of the prin	ncipal office of the Limited L	iability Company is:
Principal Office Addres	<u>ss:</u>	Mailing Address:	
30 NW 38 PL		30 NW 38 PL	
SUNRISE FL 33351		SUNRISE FL 33351	
			
(The Limited Liability Company business entity with an active Fl The name and the Florida	cannot serve as its own Register orida registration.) a street address of the registration.	Office, & Registered Agent' red Agent. You must designate an indiv	ridual or another
<u>IVOR</u>	IC ETIENNE Name		
	Name		
	W 38 PL		
Flor	rida street address (P.O.		
SUNF	RISE	FL_33351	
-	City	Zip	
liability company at registered agent and ay statutes relating to th accept the obligation	the place designated in t gree to act in this capacit e proper and complete p	accept service of process for this certificate, I hereby accepty. I further agree to comply werformance of my duties, and isstered agent as provided for its acceptance (REQUIRED)	t the appointment as with the provisions of all am familiar with and in Chapter 605, F.S
	(CONTINU	J ED)	

	DT		\sim		T.	1	v	,
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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 MGR	IVORIC ETIENNE		
WOIN	30 NW 38 PL		-
	SUNRISE, FL 33351	· · · · · · · · · · · · · · · · · · ·	_
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(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		2821 JUL	
(Use attachment if necessary)		, <u>-</u>	
CLE V: Other provisions, if any.		A AK	
		<u> </u>	
		<u> </u>	_
REQUIRED SIGNATURE:			
REQUIRED SIGNATURE.	<i>t</i> .		

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 any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

TYDRIC ETIENNE 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)