L21000447087

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





200374816502

2621 UCT 13 KH 10: 57

2021 OCT 13 PM 3: 40

RECEIVED

11 16/140

(850) 524-5437 (850) 524-6243 PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: 150.00 Authorized Signature: CREWS SANITATION LLC Corporation Name & Document Number, (if known): Document# (Business Name) Walk in ___ Pick up time____ ___ Mail out Will wait Photocopy Certified Copy of Articles of Organization **Certificate of Status AMMENDMENTS** NEW FILINGS __ Amendment Profit Resignation of R.A. Officer/Director Not for Profit Change of Registered Agent X Limited Liability Dissolution/Withdrawal Domestication Merger Other X Conversion CORP REGISTERATION/QUALIFICATIONS **OTHER FILINGS** ___ Foreign filing Annual Report __Limited Partnership Reinstatement Fictitious Name ___ APOSTIL () __ Other

, FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

EXAMINER'S INITIALS:

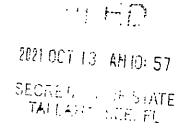
COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Crews Sanitation, LLC		
	ne of Resulting Florida Limite	d Company)
		n, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence cor	ncerning this matter to:	
Michael A. Scott, Esq.		
(Contact Perso	on)	
The Dorcey Law Firm, PLC		
(Firm/Compan	ny)	
10181 Six Mile Cypress Parkway, Suit	e C	
(Address)		
Fort Myers, FL 33966		
(City, State and Zij	p Code)	
mike@dorceylaw.com		
E-mail Address: (to be used for future a	annual report notifications)	
For further information concerning	this matter, please call:	
Michael A Scott	at (²³⁹)	418-0169
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following dollars and drawn on a bank located	_	ocessed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing and Certificate Status		
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314]]	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 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: Crews Sanitation, Inc.
(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.
First organized, formed or incorporated under the laws of
on April 6, 1993 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization : Crews Sanitation, 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	day of	20	
Signature o	f Authorized Representativ	ve of Limited Liability Company:	
Signature of	Authorized Representatives	lon_	
Printed Nam	e: Robert D. Himschoot	Docusigned by: E77069189648495 Title: Sole Member	
			(N
Signature(s)	on behalf of Other Business	s Entity: See below for required signatu	ire(s)
Signature:	for-		
Printed Nam	c: Robert D. Plimschoot	Title: Director/President	<u>.</u>
Signature: _		Title:	
Printed Nam	C	Truc.	
Signature: _			
Printed Nam	e:	Title:	
~.			
	e:	Title	
Printed Nam	C	Title:	
Signature: _			
Printed Nam	e:	Title:	
Cionatura			
Printed Nam	e.	Title:	·
I IIIICG I Valli	· <u>·</u>		
If Florida C			
	Chairman, Vice Chairman, Di		
If Directors of	or Officers have not been selec	cted, an Incorporator must sign.	
If Florida G	eneral Partnership or Limit	ted Liability Partnership:	
	one General Partner.	-	
	<u>imited Partnership or Limit</u> f <u>ALL</u> General Partners.	ted Liability Limited Partnership:	
Signatures o	ALL General Farmers.		
All others:			
Signature of	an authorized person.		
~			
Fees:			
Artic	cles of Conversion:	\$25.00	
	for Florida Articles of Organ	•	
	ified Copy:	\$30.00 (Optional)	
Cert	ificate of Status:	\$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N	ame: Limited Liability Compar	nv is:	
The name of the	Elimica Liability Compa	19 13.	
Crews Sanitation,			
(1	Must contain the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A The mailing addi		the principal office of the Limited Li	iability Company is:
Principal Office	Address:	Mailing Address:	
2700 ROCKFILL	RD	P.O. BOX 27	
FT. MYERS, FL 3	3916	FT. MYERS, FL 33902-0027	
			
(The Limited Liability	Registered Agent, Regist Company cannot serve as its own an active Florida registration.)	tered Office, & Registered Agent's Registered Agent. You must designate an indiv	vidual or another
The name and th	e Florida street address of		2021 GCT 13 SFCAC (277
	DLF Registered Agent S	ervice, LLC Name	$\frac{2}{3}$
		Name	
	10181 Six Mile Cypress		AM IO: 57 TAT SEE, FL
	Florida street address	(P.O. Box NOT acceptable)	57 7/16
	Fort Myers	FL 33966	, , ,
	City	Zip	
liability con registered agei statutes relat	npany at the place designant and agree to act in this coing to the proper and compobligations of my position	and to accept service of process for the sted in this certificate, I hereby accept capacity. I further agree to comply we blete performance of my duties, and I as registered agent as provided for in Docusigned by: Michael I Suff -259ABDF:952A4AB S Signature (REQUIRED)	t the appointment as with the provisions of all am familiar with and

(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	Robert D. Himschoot
AMBR	2700 ROCKFILL RD.
	FT. MYERS, FL 33916
	1 1. WILKS, I E 333 IV
	SECTION 13
	5 22
	<u> </u>
(Use attachment if necessary)	L:
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
	DocuSigned by:
	19X-
	E77069189646493
O: 4 C b	an authorized representative of a member
Signature of a member of	the second control of the second of the seco
This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am aware that
This document is executed in accordance	te with section 605.0203 (1) (b), Florida Statutes. I am aware that ument to the Department of State constitutes a third degree felony
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes. I am aware that
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Robert D. Himschoot	e with section 605.0203 (1) (b), Florida Statutes. I am aware that

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)