L21000472269

(Red	questor's Name)	
(Add	dress)	
(Add	iress)	<u>-</u>
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Na	me)
(Doc	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only

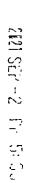


900371773769

2021 SEP -- 2 FF 5: 05

NOV 0 - 2021

W21-114750





August 23, 2021

NILSA BARON 723 16TH AVENUE S JACKSONVILLE, FL 32250

SUBJECT: NK CLEANING SERVICES LLC

Ref. Number: W21000115750

We have received your document for NK CLEANING SERVICES LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the marked sections in the Articles of Conversion. Signatures are missing.

The registered agent must sign accepting the designation.

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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 821A00020171

01:2112

COVER LETTER

TO:	New Filing S Division of C				
SUR.	JFCT: NK Clea	ning Services, LLC			
501			sulting Florida Limit	ed Cor	npany)
The c Busir	enclosed Article ness Entity" into	s of Conversion, Artic o a "Florida Limited Li	les of Organization	on, an " in a	nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
Nilsa	a Baron				
	,	(Contact Person)	-	•	
		(Firm/Company)			
723	16th Avenue S				
		(Address)	-		
Jack	sonville, FL 322	250			
	(City, State and Zip Code)		•	
nils.	a_baron10@hoti	nail.com			
E-	mail Address: (to l	e used for future annual re	port notifications)		
For fi	urther informati	on concerning this ma	tter, please call:		
Nil	sa Barron		_at (<u>904</u>	517-0	0203
	(Name of Cont	act Person)	(Area Code)	(Day	ytime Telephone Number)
		for the following amou a bank located in the		roces	sed by this office must be payable in US
(\$25 f & \$12	50.00 Filing Fees or Conversion 5 for Articles ganization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632	ection Corporations		New Divis	t Address: Filing Section ion of Corporations 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: NK Cleaning Services 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.)
Fi	rst organized, formed or incorporated under the laws of [Enter state, or if a non-U.S. entity, the name of the country]
on	August 3, 2021
OII	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
	NK Cleaning Services, LLC
	(Enter Name of Florida Limited Liability Company)
(T th <u>No</u>	If not effective on the date of filing, enter the effective date: he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after e date this document is filed by the Florida Department of State.) te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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 12th day of August	20 21	
Signature of Authorized Representative of Limit	ted Liability Company:	
Signature of Authorized Representative:Printed Name: Nilsa Baron	Title: MGR	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]	
Signature: Printed Name: NETSA BARON)	Title: MGR	.' X
Signature: Printed Name:	•	
Signature: Printed Name:	_ Title:	
Signature: Printed Name:		
Signature:Printed Name:	Title:	
Signature: Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.		. 2#2
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	· /
All others: Signature of an authorized person.		
Fees:		- · ·
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Mus	es LLC	
	st contain the words "Limited Liab	pility Company, "L.L.C.," or "LLC.")
ARTICLE II - Add	dress:	
The mailing address	s and street address of the	principal office of the Limited Liability Comp
Principal Office A	ddress:	Mailing Address:
700 404b A		
723 16th Avenue S	- 51,00050	723 16th Avenue S
Jacksonville Beach<	FL 32250	Jacksonville Beach, FL 32250
(The Limited Liability Co business entity with an a		red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:
(The Limited Liability Co business entity with an a	ompany cannot serve as its own Reactive Florida registration.)	egistered Agent. You must designate an individual or another
(The Limited Liability Co business entity with an a	ompany cannot serve as its own Re active Florida registration.) Florida street address of th Nilsa Baron	egistered Agent. You must designate an individual or another
(The Limited Liability Co business entity with an a	ompany cannot serve as its own Re active Florida registration.) Florida street address of th Nilsa Baron	egistered Agent. You must designate an individual or another are registered agent are:
(The Limited Liability Co business entity with an a	ompany cannot serve as its own Reserve Plorida registration.) Florida street address of the Nilsa Baron Na 723 16 Avenue S.	egistered Agent. You must designate an individual or another are registered agent are:
(The Limited Liability Co business entity with an a	ompany cannot serve as its own Reserve Plorida registration.) Florida street address of the Nilsa Baron Na 723 16 Avenue S.	egistered Agent. You must designate an individual or another are registered agent are:

(CONTINUED)

Registered Agent's Signature (REQUIRED)

281 SEP -2 FIT 5: 54

ARTICLE IV-

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

Name and Address:
Nilsa Baron 723 16th Avenue S Jacksonville Beach, FL 32250

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.

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)