# 1210WS25415

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

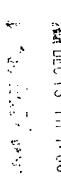
DEC 1 5 2021

T. SCOTT



300377934183

12/13/21--01031--007 ++180.00



### **COVER LETTER**

TO:	New Filing S Division of C				
SUBJ	JECT: Metron li	rrigation LLC			
000	<u> </u>	(Name of Res	ulting Florida Limit	ed Con	npany)
					d fees are submitted to convert an "Other coordance with s. 605.1045. F.S.
Please	e return all corr	espondence concerning	g this matter to:		
Vinod	Nagassar				
		(Contact Person)		-	
Metro	n Irrigation Comp	oany			
		(Firm/Company)		-	
6508	Wynglow lane			_	
		(Address)	-	_	
Orlan	do, FI, 32818				
	(+	City, State and Zip Code)		-	
vinodi	nagassar@gmail	.com			
E-1	nail Address: (to b	e used for future annual re	port notifications)	-	
For fu	ırther informati	on concerning this ma	tter, please call:		
Vinod	Nagassar		_at ( <u>407</u>	285-7	7406
-	(Name of Conta	act Person)	(Area Code)	(Day	rtime Telephone Number)
		for the following amou a bank located in the		rocess	sed by this office must be payable in US
(\$25 fc & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$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 Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			New Divis	t Address: Filing Section ion of Corporations Centre of Tallahassee 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:  Metron Irrigation Company
(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
(Enter state, or if a non-U.S. entity, the name of the country)
03/15/2001
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Metron Irrigation 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 <u>09</u>	day of December	20_21
Signature of Auth	orized Representative of Lim	ited Liability Company:
Signature of Autho Printed Name: Vinod	rized Representative of Lim rized Representative:	Title: MGR
Signature(s) on bel	half of Other Business Entity:	[See below for required signature(s)]
Signatura: Dula	han Pramsock	
Printed Name: Dulac	chan Pramsook	Title: President
Signatura:	- c) ( )	
Printed Name: Vinod	Nagassar Nagassar	Title: Vice President
Signatura		
Printed Name:		Title:
Printed Name:		Title:
Ciamatuma		
Printed Name:		Title:
C'		
Printed Name:	·	Title:
If Florida Corpora Signature of Chairm	i <b>tion:</b> nan, Vice Chairman, Director, or	Officer.
	ers have not been selected, an In	
If Florida General	Partnership or Limited Liabil	ity Partnership:
Signature of one Ge		
If Florida Limited Signatures of ALL	Partnership or Limited Liabili General Partners.	ity Limited Partnership:
All others: Signature of an auth	norized person.	
Fees:		
Articles of	Conversion:	\$25.00
	orida Articles of Organization:	\$125.00
Certified Co		\$30.00 (Optional) \$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limi	:			
	ited Liability Company	is:		
Metron Imigation LLC.			<del> </del>	
(Must c	contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")		
ARTICLE II - Addr The mailing address a		e principal office of the Limited Liab	ility Company is:	
Principal Office Add	<u>iress:</u>	Mailing Address:		
6508 Wynglow Lane		6508 Wynglow Lane		
Orlando, Florida		Orlando Florida		
32818		32818	<del></del>	
	ean Soper	he registered agent are:		
	N:	Name		
65	508 Wynglow Lane			
<del></del>	<u>-</u>	P.O. Box NOT acceptable)		
Ī	<u>-</u>	<del></del>		
Ī	Florida street address (I	P.O. Box <u>NOT</u> acceptable)  FL 32818  Zip		

(CONTINUED)

SPEN DEC 13 PH 1:00

## ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Vinod Nagassar
	2752 Foxwood Ct
	Orlando FI 32818
MGR	Dulachan Pramsook
· · · · · · · · · · · · · · · · · · ·	6508 Wynglow Lane
	Orlando FI 32818
<del></del>	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
SEE V. Other provisions, it diff.	
<u> </u>	
REQUIRED SIGNATURE:	. ^
() m ()	Dum/
This document is executed in accordance	r an authorized representative of a member the with section 605.0203 (1) (b), Florida Statutes. I am aware the ument to the Department of State constitutes a third degree felor
Vinod Nagassar	
T	yped or printed name of signee
•	Filing Fees

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)