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(Requestor's Name)
(Address)
(Address)
(City (Chata Till Dhana 40)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



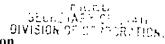
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COVER LETTER

SUBJECT: S&A HOMES SERVICES INC (Name of Resulting Florida Limited Company) The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all correspondence concerning this matter to: Maria C Sousa (Contact Person) Sousa & Associates Inc (Firm/Company) 5728 Major Blvd, Ste 309 (Address) Orlando, FL 32819 (City, State and Zip Code) info@sousaacc.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call:
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info@sousaacc.com E-mail Address: (to be used for future annual report notifications)
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For further information concerning this matter, please call:
Maria C Sousa at (407)800-7028
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All cheeks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
■ \$150.00 Filing Fees □\$155.00 Filing Fees □\$180.00 Filing Fees (\$25 for Conversion and Certificate of and Certified Copy & Certified Copy, and & \$125 for Articles Status Certificate of Status
Mailing Address: Street Address:
New Filing Section New Filing Section
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



Articles of Conversion

For

22 JAN 20 AM 11: 15

"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.

 The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: S&A HOMES SERVICES INC
(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 (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
11/07/2016 on (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: S&A HOMES SERVICES 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 locument'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 05	day of JANUARY	2022	
Signature of Autho	orized Representative of	Limited Liability Company:	
Signature of Author	ized Representative:	THE DESCRIPTION	
Printed Name: SAUL	O F AGUIAR	Title: PRESIDENT	
101	// \	tity: See below for required signature	(s)]
Signature:	DTYT!		
Printed Name: SAUL	O'É AGUIAR	Title: PRESIDENT	
Signature:	of anice		
Printed Name: ALES	TANIA M AGUIAR	Title: V. PRESIDENT	
Signature:	<u> </u>		
rrinted Name:		Title:	
Signature:			
		Title:	
Cionatura.			
Printed Name:	<u> </u>	Title:	
		rice.	
Signature:	·	Title:	
Printed Name:	 	Title:	
	nan, Vice Chairman, Direct	tor, or Officer. , an Incorporator must sign.	
If Florida General Signature of one Ge	Partnership or Limited I eneral Partner.	Liability Partnership:	
If Florida Limited Signatures of ALL		Liability Limited Partnership:	
All others: Signature of an auth	norized person.		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
S&A HOMES SERVICES LLC			
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Comp	pany	is:
Principal Office Address:	Mailing Address:		
4740 Guy Street, Jacksonville, FL 32207	4740 Guy Street, Jacksonville, FL 32207		
		22 JAN	SIAIG
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re-	ered Agent. You must designate an individual or another	JAN 20 AM 11: 15	ROLLY AND LANGE AND STATE
Sousa & Associates Inc		5	
Name			
5728 Major Blvd, ste 309			
Florida street address (P.O.	Box NOT acceptable)		
Orlando	FL_32819		
City	Zip		
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacistatutes relating to the proper and complete paccept the obligations of my position as reg	this certificate. Thereby accept the appointm ity. I further agree to comply with the provis verformance of my duties, and I am familiar v istered agent as provided for in Chapter 605	nent a ions o with a	is of all ind

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR"	SAULO F AGUIAR
	4740 Guy Street, Jacksonville, FL 32207
AMBR	ALESTANIA M AGUIAR
	4740 Guy Street, Jacksonville, FL 32207
(Use attachment if necessary)	
CLE V: Other provisions, if any.	<u> </u>
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	·
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance.	an authorized representative of a member
Signature of a member or a This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S. SAULO F AGUIAR	

ARTICLE IV-