# 12200058910

(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:				

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#### **COVER LETTER**

TO: New Filing S Division of C				
SUBJECT: Integrity	Service Group, LLC			
	(Name of Res	ulting Florida Limit	ed Com	pany)
				d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:		
Eric Florence				
	(Contact Person)			
Integrity Service Group	o, LLC			
	(Firm/Company)			
5290 Chakanotosa Cir	cle			
	(Address)	· · · · · · · · · · · · · · · · · ·		
Orlando, Florida 32818				
((	City, State and Zip Code)			
ericcflorence@yahoo.d	com			
E-mail Address: (to b	e used for future annual re	port notifications)		
For further information	on concerning this mat	ter, please call:		
Eric Florence		321 at (	228-3	896
(Name of Conta	ct Person)		(Dayt	ime Telephone Number)
	or the following amou a bank located in the l	`	rocess	ed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180,00 Filing and Certified Copy		□\$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

## **Street Address:**

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



January 6, 2022

ERIC FLORENCE 5290 CHAKANOTOSA CIR ORLANDO, FL 32818

SUBJECT: INTEGRITY SERVICE GROUP, LLC

Ref. Number: W22000001338

We have received your document for INTEGRITY SERVICE GROUP, 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):

The Certificate of Conversion must be signed by an authorized person.

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.

Letter Number: 422A00000365

Jessica A Fason Regulatory Specialist II

www.sunbiz.org

#### **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 Integrity Service Group, Inc.	1 15:
(Enter Name of Other Business Entity)	
Corporation 2. The "Other Puginess Entity" is a	
2. The "Other Business Entity" is a	rust, etc.
Florida	
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the name of the countr	y)
November 13, 1995	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organiz Intedgrity Service Group, LLC	ation:
(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	s 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 a	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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	ount to

Signed thi	s 23rd	day of December	20	0_2/
Signature	e of Authoriz	zed Representative of	Limited	Liability, Company:
		5	-	itle: President
Signature	of Authorize	d Representative	Jan	Procident
Printed Na	ame: Eric Flore	ence	T	itle: Fresident
<u>Signature</u>	(s) on behalf	of Other Business En	tity:  See	below for required signature(s)
<b>a</b> :				
Signature		- Heren		itle: PARMENT
Printed Na	me. Eki	e Plonent	<u> </u>	itie:
Simpture				
Drinted Me			Т	itle:
rimed iva	ine	<u> </u>	¹	ine.
Signature:				
Drinted No			Т	itle:
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Signature:				
Printed Na	ame:		T	itle:
Signature:			_	
Printed Na	ame:		T	itle:
Signature:	<del></del>			
Printed Na	ame:		T	itle:
	<u>Corporation</u>		~ ^~	
		Vice Chairman, Direct		
If Director	rs or Officers	have not been selected.	an incorp	porator must sign.
	C 15			
	of one General	rtnership or Limited I	Jadiuty r	artnersnip:
Signature	or one Genera	at Faither.		
If Florido	Limited Do	rtnership or Limited L	iability I	imited Partnershin
		ieral Partners.	JADINEY L	milited I at thei ship.
Signatures	o ALL Och	iciai i armeis.		
All others	z•			
	of an authoria	zed person		
orginatore	or the deditions	bed person.		
Fees:				
Δ	rticles of Cor	iversion.	\$3	25,00
		a Articles of Organizat		125.00
	ertified Copy	_		30.00 (Optional)
	ertificate of S			5.00 (Optional)
0,			-	* * I * * * * * * * * * * * * * * * * *

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	nited Liability Compan	y 13.
Integrity Service Grou	·····	· · · · · · · · · · · · · · · · · · ·
(Musi	st contain the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Add	iress:	
The mailing address	and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Ac	ddress:	Mailing Address:
5290 Chakanotosa C	ircle	5290 Chakanotosa Circle
Orlando ,Florida 328	18	Orlando, Florida 32818
The name and the F	lorida street address of	the registered agent are:
-	Eric Florence	Vame
-	Eric Florence	Name
-	Eric Florence N 5290 Chakanotosa Circle	Name
- -	Eric Florence N 5290 Chakanotosa Circle	Name (P.O. Box <u>NOT</u> acceptable) 32818
- -	Eric Florence  5290 Chakanotosa Circle Florida street address	Name (P.O. Box <u>NOT</u> acceptable)

(CONTINUED)

A	DT	'I / 'I	C	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	Eric Florence 5290 Chakanotosa Circle
	Orlando, FL. 32818
	Ollando, FL. 32818
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(Use attachment if necessary)	• 1
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ADTICLE V. Other provisions if any	
ARTICLE V: Other provisions, if any.	<u>ක</u>
	<u></u>
	<u> </u>

**REQUIRED SIGNATURE:** 

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