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| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | ddress)            |             |
| (Ac                     | idress)            |             |
| (Ci                     | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bı                     | usiness Entity Nar | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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### **COVER LETTER**

| TU:                 | New Filing S Division of C                                     |   |   |   |
|---------------------|--|---|---|---|
| SUBJ                | ECT: koyo-13   | cutting tree services & E                             | Best_Landscaping_LLC                        |   |
| 00120               |  | (Name of Re   | sulting Florida Limited C                   | ompany)   |
|                     |  |   |   | and fees are submitted to convert an "Other accordance with s. 605.1045, F.S. |
| Please              | e return all corr  | espondence concernin                                  | g this matter to:                           |   |
| Maria               | Jean Baptiste  |   |   |   |
|                     |  | (Contact Person)                                      |   |   |
| Koyo-               | 13 Cutting Tree  | Services & Best Landsc                                | aping LLC                                   |   |
|                     |  | (Firm/Company)  |   |   |
| 187 W               | altham H   |   |   |   |
|                     |  | (Address)   |   |   |
| West F              | Palm Beach Fl, 3   | 33417   |   |   |
|                     | (6   | City, State and Zip Code)                             | <u> </u>                                    |   |
| bestlar             | ndscapingcutting   | gtree@gmail.com                                       |   |   |
| E-n                 | nail Address: (to b  | e used for future annual re                           | port notifications)                         |   |
| For fu              | rther informati  | on concerning this ma                                 | tter, please call:                          |   |
| Maria .             | Jean Baptiste  |   | _at ( <u>561 667-701<b>7</b></u>            |   |
|                     | (Name of Conta   | ect Person)   |   | Paytime Telephone Number)   |
|                     |  | or the following amou<br>a bank located in the        | •   | essed by this office must be payable in US                                    |
| (\$25 fo<br>& \$125 | 0.00 Filing Fees<br>r Conversion<br>for Articles<br>inization) | □\$155.00 Filing Fees<br>and Certificate of<br>Status | ☐\$180.00 Filing Fees<br>and Certified Copy | ☐S185.00 Filing Fees,<br>Certified Copy, and<br>Certificate of Status         |
|                     | Mailing Add  |   |   | eet Address:  |

New Filing Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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



February 17, 2022

MARIA JEAN BAPTISTE 187 WALTHAM H WEST PALM BEACH, FL 33417

We have received your document for KOYO-13 CUTTING TREE SERVICES & BEST LANDSCAPING LLC and your check(s) totaling \$. 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: 522A00002151

Jessica A Fason Regulatory Specialist II

www.sunbiz.org

Division of Community D.O. DOV COOF Well-based Bloods 2001

# 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 Koyo 13 cutting trees service inc   | on is:       |
|--|--------------|
| (Enter Name of Other Business Entity)  |              |
| 2. The "Other Business Entity" is a inc (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business   | trust, etc.) |
| First organized, formed or incorporated under the laws of  | <br>ntrv)    |
| on O8/18/21 (date of organization, formation or incorporation)   | •            |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organi Koyo-13 cutting tree Services & Best Landscaping LLC  | ization:     |
| (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 day 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 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 any which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.   |              |

| Signed this 12 day of December 202   | 20   |
|--|--|
| Signature of Authorized Representative of Limit  | ed Liability Company:  |
| Signature of Authorized Representative:  Printed Name: Maria Jean Baptiste  Signature(s) on behalf of Other Business Entity:   Signature(s)   Signature(s) | Tiナle; CEO<br>See below for required signature(s)              |
| Signature: SOPHONIE MIRSHA   | Title: GENERO  |
| Signature:Printed Name:  | Title:   |
| Signature:Printed Name:  | _ Title:   |
| Signature:Printed Name:  | Title:   |
| 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.  | Officer.<br>corporator must sign.                              |
| If Florida General Partnership or Limited Liabilit<br>Signature of one General Partner.  | y Partnership:   |
| If Florida Limited Partnership or Limited Liability 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<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| KOYO-13 CU+ting (Must contain the words "Limited I                | Tree services and Best Landscafing LLC. iability Company. "L.L.C.," or "LLC.") |
|---|--|
| ARTICLE II - Address: The mailing address and street address of t | the principal office of the Limited Liability Company is:                      |
| Principal Office Address:   | Mailing Address:   |
| 187 Waltham H   | 187 Waltham H  |
| JOST DALM BRAMS   | 1000000000000000000000000000000000000  |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Name

187 Wattam H

Florida street address (P.O. Box NOT acceptable)

West Palm Beach FL 33417

City Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

| "AMBR" = Authorized Member "MGR" = Manager |          |                |
|--|----------|----------------|
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| (Use attachment if necessary)              |          | Ť              |
| (Ose attachment if necessary)              |          | ::             |
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| CLE V: Other provisions, if any.           |          | <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

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