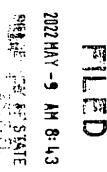


| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (D) |
| (Business Entity Name)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

| TO: New Filing Section Division of Corporations | | |
|--|---------------------------------------|---|
| SUBJECT: GOLF COURSE PRESSURE WA | SHING, LLC | |
| (Name of Resu | lting Florida Limit | ed Company) |
| The enclosed Articles of Conversion, Article Business Entity" into a "Florida Limited Lia | | on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S. |
| Please return all correspondence concerning | this matter to: | |
| JUSTIN L. MARTIN | | |
| (Contact Person) | | |
| GOLF COURSE PRESSURE WASHING, I | LLC | |
| (Firm/Company) | | |
| 5383 JOSLYN TERRACE | | |
| (Address) | | |
| PORT CHARLOTTE, FL 33981 | | |
| (City, State and Zip Code) | | |
| MULTISERVICIOSLATINOAMERICA@YAHO | D.COM | |
| E-mail Address: (to be used for future annual rep | ort notifications) | |
| For further information concerning this mat | ter, please call: | |
| JUSTIN L. MARTIN | at (⁹⁴¹ | ,268-3884 |
| (Name of Contact Person) | | (Daytime Telephone Number) |
| Enclosed is a check for the following amoundollars and drawn on a bank located in the U | | rocessed 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 Cop | |
| Mailing Address: | | Street Address: |
| New Filing Section | | New Filing Section |
| Division of Corporations P.O. Box 6327 | | Division of Corporations The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Conversion

For

"Other Business Entity"

Into

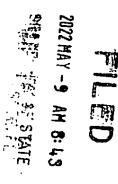
Florida Limited Liability Company

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: GULF COVE ROOFING, INC |
|---|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a SA INCORPORATED (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| (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) |
| JANUARY 24, 2022 |
| on |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: GOLF COURSE PRESSURE WASHING, 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 05 | day of <u>03</u> | _ 20 <u>_ 2 2</u> |
|---------------------------|--|---------------------------------------|
| Signature of Auth | norized Representative of Lim | ited Liability Company: |
| Claudana of Audio | DWW. |) __ |
| Printed Name: JUS | orized Representative: | Title: PRESIDENT |
| | , | |
| <u>Signature(s) on be</u> | half of Other Business Entity: | [See below for required signature(s)] |
| Signature (1774 | MA12 | Title: President |
| Printed Name. | Jostin LEE Martin | Title: President |
| • | | |
| Signature: | | Title: |
| Printed Name: | | Title: |
| Signature: | | |
| Printed Name: | | Title: |
| | | |
| Signature: | | Title: |
| Printed Name: | | Little: |
| Signature: | | |
| Printed Name: | | Title: |
| | | |
| Signature: | | Title: |
| Printed Name: | | Title: |
| If Florida Corpora | ation: | |
| Signature of Chairn | nan. Vice Chairman, Director, or | |
| If Directors or Office | eers have not been selected, an In | corporator must sign. |
| If Florida Canaral | Partnership or Limited Liabili | tu. Dantmanakin |
| Signature of one Go | eneral Partner. | ty Farthership: |
| G | | |
| If Florida Limited | Partnership or Limited Liabili | ty Limited Partnership: |
| Signatures of <u>ALL</u> | General Partners. | |
| All others: | | |
| Signature of an autl | horized person. | |
| | · | |
| <u>Fees:</u> | | |
| Articles of | Conversion: | \$25.00 |
| | conversion. orida Articles of Organization: | \$125.00 |
| Certified C | _ | \$30.00 (Optional) |
| Certificate | • • | \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|---|---|
| The name of the Limited Liability Company | 15: |
| GOLF COURSE PRESSURE WASHING, LLC | |
| (Must contain the words "Limited Liah | oility Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street address of the | principal office of the Limited Liability Company is |
| Principal Office Address: | Mailing Address: |
| 5383 JOSLYN TERRACE | 5383 JOSLYN TERRACE |
| PORT CHARLOTTE, FL 33981 | PORT CHARLOTTE, FL 33981 |
| | |
| | red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another |
| The name and the Florida street address of th | e registered agent are: |
| JUSTIN L. MARTIN | |
| Na | me |
| 5383 JOSLYN TERRA | CE |
| Florida street address (P | O. Box NOT acceptable) |
| PORT CHARLOTTE | FL |
| City | Zip |
| | d to accept service of process for the above stated limit |

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)

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 | WATELL MARTIN |
| PRESIDENT | JUSTIN L. MARTIN |
| | 5383 JOSLYN TERRACE |
| | PORT CHARLOTTE, FL 33981 |
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| (Use attachment if necessary) | |
| (Ose attachment if necessary) | |
| | |
| LE V: Other provisions, if any. | |
| | |
| <u> </u> | |
| | *************************************** |
| | |
| REQUIRED SIGNATURE: | |
| (4)200 | |
| JAY /A/ | |
| | |
| 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 the |
| as provided for in s.817.155, F.S. | ment to the Department of State constitutes a third degree felor |
| , | |
| | JUSTIN L. MARTIN |
| Ty_i | ped or printed name of signce |
| | 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)