2000 3301

(F	Requestor's Name)	
(<i>F</i>	Address)	
(F	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(I	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	to Filing Officer:	
L		

Office Use Only

T. SCOTT JUL 27 2022



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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Routine Services LLC		
(Name of Re	sulting Florida Limit	ed Company)
The enclosed Articles of Conversion, Articles usiness Entity" into a "Florida Limited L	—	on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence concernir	ng this matter to:	
Jarel Johnson		
(Contact Person)		
(Firm/Company)		
2184 Shangri La Lane		
(Address)		
Tallahassee, FL 32303		
(City, State and Zip Code)		
RoutineServicesLLC@gmail.com		
E-mail Address: (to be used for future annual re	eport notifications)	
For further information concerning this ma	itter, please call:	
Jarel Johnson	_at (<u>812</u>	, 697-6106
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amound dollars and drawn on a bank located in the	-	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: New Filing Section Division of Corporations		Street Address: New Filing Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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: Routine Services LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Partnership
(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)
July 1, 2020 on .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Routine 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.)
<u>Note:</u> 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 27 day of July	20 === .
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: Jaref Johnson	Q.
Printed Name: Jarel Johnson	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	Tist Co-Owner
Frinted Name, Ashiean West-Johnson	Title: Co-Owner
Signature:	
Signature:Printed Name:	Title:
Signature:	Title
Trined Name.	
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Timed (value)	
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	corporator must sign.
<u>If Florida General Partnership or Limited Liabili</u> Signature of one General Partner.	ty Partnership:
Signature of one General Farmer.	
<u>If Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of ALL General Partners.	
All othorou	
All others: Signature of an authorized person.	
or an additional police.	
Fees:	
	#9 F () ()
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
	X 1 7

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE L. N	
ARTICLE I - Name: The name of the Limited Liability Comp	pany is:
Routine Services LLC	
(Must contain the words "Limite	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address o	of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
2184 Shangri La Lane	2184 Shangri La Lane
Tallahassee, FL 32303	Tallahassee, FL 32303
	gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:
	Name

Name

2184 Shangri La Lane

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

Tallahassee

121 32303

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:

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
OMBE, MYR	Jarel Johnson
	2184 Shangri La Lane
	Tallahassee, FL 32303
CO-OWNER MER, MOR	Ashleah West-Johnson
	2184 Shangri La Lane
	Tallahassee, FL 32303
(Use attachment if necessary)	
DTICLE V. Oden annihim v if	
RTICLE V: Other provisions, if any.	
· · · · · · · · · · · · · · · · · · ·	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE.	
	<u>)</u>
- ()	
Simulation of the state of the	or an authorized representative of a member
	or an authorized representative of a member ince with section 605.0203 (1) (b), Florida Statutes. I am aware that
	ocument to the Department of State constitutes a third degree felong
as provided for in s.817.155, F.S.	
Jarel Johnson	
	Typed or printed name of signee
	Filing Fees
	The state of the s

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