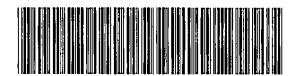
L22000517891

(Requestor's Name)
(Requestors 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:

Office Use Only



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10-11/22--01082--000 **150.ng









November 10, 2022

LOURDES MARTINEZ 1720 ASWORTH LOOP LAKELAND, FL 33810

SUBJECT: THE TRIPLE SERVICES GROUP INC

Ref. Number: W22000141830

We have received your document for THE TRIPLE SERVICES GROUP INC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

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 (850) 245-6052.

ARCEDRA JOHNSON Regulatory Specialist II

Letter Number: 922A00025200

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•	1		

Arcedra Johnson:

Attached is the Conversion paperwork to change my corporation to a LLC. The file number is W22000132146.

If you have any questions, you can reach me at 3059753565.

Lourdes Martinez

COVER LETTER

	ing Section of Corporations					
SUBJECT: TH	E TRIPLE S SERVICES G	ROUP LLC				
	(Name of I	Resulting Florida Li	imited Co	тралу)		
	rticles of Conversion, Ar " into a "Florida Limited					Other
Please return all	correspondence concern	ing this matter to	0:			
Lourdes Martinez	z					
	(Contact Person)					
	(Firm/Company)					
1720 Ashworth L	оор				IALL SE	
	(Address)				CR &	-11
Lakeland, FL 338	310				22 of II. AMII: 50 SECRETARY OF STATE VLLAHASSEE, FROMIN	
	(City, State and Zip Code	:)			SEE SEE	} • • • • • • • • • • • • • • • • • • •
csrstaffing@gma	il.com					k4
E-mail Address	s: (to be used for future annual	report notifications	 i)		HIL AMILESO TARY OF STATE ASSEEL FROM	
For further info	rmation concerning this r	natter, please cal	II:		<u> </u>	
Lourdes Martinez	2	at (_\ 9753	3 56 5		
(Name of	Contact Person)	(Area Co	de) (Day	ytime Telephone Number		
	neck for the following am			sed by this office mu	st be payable ir	US
S150.00 Filing (\$25 for Conversio & \$125 for Articles of Organization)	n and Certificate of	s S180.00 Fill and Certified C	~	☐\$185.00 Filing Fees Certified Copy, and Certificate of Status	·,	
	Address:			t Address:		
	ing Section of Corporations			Filing Section ion of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

INHS11 (7/17)

P.O. Box 6327

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: THE TRIPLE S SERVICES GROUP INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (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)
May 23, 2022 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:
THE TRIPLE S SERVICES GROUP LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 12/1/2022 (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 11 day of 03	_ 20 <u>_ 2_ 2</u>
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Printed Name: Lourdes Martinez	Must Title: President
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature:	
Printed Name: Loude mading	_Title: <u>President</u>
Signature: Printed Name:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Ittle:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The control of the co	me:		
i ne name of the L	imited Liability Compa	any is:	
The Tiple S Service			
(Mi	ust contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ac		the principal office of the Limited	Liability Company is:
Principal Office A	Address:	Mailing Address:	
1720 Ashworth Loop	p	1720 Ashworth Loop	
Lakeland, FL 33810		Lakeland, FL 33810	
		_	
The name and the	Florida street address of Steven Martinez	of the registered agent are:	
		Name	
	1720 Ashworth Loop		5
	Florida street addres	ss (P.O. Box NOT acceptable)	22, SEC
	Lakeland	FL ³³⁸¹⁰	F 22 Oct SECRE IA
	City	Zip	SS I
	•	Ζιρ	

(CONTINUED)

ARTICLE 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	
President	Lourdes Martinez
	1720 Ahsworth Loop
	Lakeland, FL 33810
	P.o.
(Use attachment if necessary)	SECRE!
	AHE ON AHE
	AS AS
CLE V: Other provisions, if any.	SEX (
	<u> </u>
	를 보고 있는 기계
REQUIRED SIGNATURE:	
1 mars	
	an authorized representative of a member
	with section 605.0203 (1) (b), Florida Statutes. I am aware that
any talse information submitted in a docu- as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree felony
an provided for in 3.017.100, t.o.	
Lourdes Martinez	
Tv	ped 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)