

L22000520243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

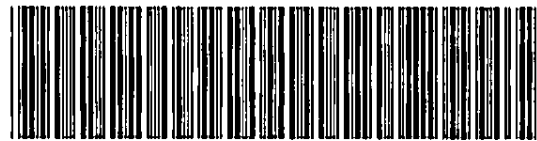
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500397026545

11/04/22--01019--018 ++150.00

FILED

22 NOV -4 AM 5:24

SECRETARY OF STATE
TALLAHASSEE, FL 32399





FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 OCT 13 AM 11:47

November 10, 2022

MONIQUE ESLIIMABLE
1145 NW 110 ST
MIAMI, FL 33168

SUBJECT: 1 TOUCH SOLUTIONS CLEANING SERVICE INCORPORATED
Ref. Number: W22000141941

We have received your document for 1 TOUCH SOLUTIONS CLEANING SERVICE INCORPORATED 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.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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.

ARCEDRA JOHNSON
Regulatory Specialist II

Letter Number: 622A00025230

22 NOV - 6 AM 5:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 1 Touch Solutions Cleaning Service INC or LLC
(Name of Resulting Florida Limited Company)

include ENTITY
NAME

I Don't Fully Understand
which one I should put there.
Sorry. &

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Estimable

please make
legible

Monique Estimable ← ESTIMABLE
(Contact Person)

1 Touch Solutions Cleaning Service
(Firm/Company)

1145 NW 110 St
(Address)

Miami, FL 33168
(City, State and Zip Code)

Estimable@yahoo.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Monique Estimable at (786) 704-1806
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

- ☒ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)
- ☐ \$155.00 Filing Fees
and Certificate of
Status
- ☐ \$180.00 Filing Fees
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

FILED

22 NOV - 4 AM 5:25

SECRETARY OF STATE
TALLAHASSEE, FL 32303

21400004689

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 is:

1 Touch Solutions Cleaning Service Incorporated.
(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.)

First organized, formed or incorporated under the laws of State of Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on 08-11-2014
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

1 Touch Solutions Cleaning Service LLC **NEED**
(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.

FILED
22 NOV 2014 4:52 PM
TALLAHASSEE
FLORIDA
SECRETARY OF STATE

Signed this 16 day of 2 2022.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: [Signature]
Printed Name: Monique Estimable Title: MGR

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: Ernest St. Rose
Printed Name: Ernest ST. ROSE Title: MGR

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 Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 NOV - 4 AM 5:26

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2 Touch Solutions Cleaning Services LLC
(Must contain the words "Limited Liability 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:

134 NW 109th Suite 102
Pembroke Pines, FL 33026

Mailing Address:

1145 NW 110th
Miami, FL 33168

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:

ERNEST ST ROSE
Name
1145 NW 110th
Florida street address (P.O. Box **NOT** acceptable)
MIAMI FL 33168
City Zip

FILED
22 NOV - 4 AM 5:26
SECRETARY OF STATE
TALLAHASSEE, FL 32399

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..

Ernest St. Rose
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

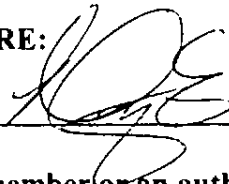
_____	MGR &	Monique Estimable
_____		1145 NW 110 St
_____		Miami, FL 33168
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

FILED
22 NOV -4 AM 5:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)