# L23000101356

(Requestor's Name)
V,
(Address)
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(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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## **COVER LETTER**

TO: New Filing Section Division of Corporations				
SUBJECT: Queen Landscaping & Constru	uction LLC			
(Name of F	Resulting Florida Lim	ited Company)		
The enclosed Articles of Conversion, Art Business Entity" into a "Florida Limited	_			
Please return all correspondence concern	ing this matter to:			
Lidie Gomez Moya				
(Contact Person)		-		
(Firm/Company)		_		
427 SE 19th Ter		_		
(Address)				
Cape Coral, FL 33990		<del></del>		
(City, State and Zip Code	<del>2</del> )			
queenlandscaping21@gmail.com		_		
E-mail Address: (to be used for future annual	report notifications)			
For further information concerning this r	natter, please call:			
Lidie Gomez Moya	at (239	738-1511		
(Name of Contact Person)	(Area Code	(Daytime Telephone Number)	•	
Enclosed is a check for the following am dollars and drawn on a bank located in the \$150.00 Filing Fees (\$25 for Conversion and Certificate of	ne United States)	g Fees \$\B\\$185.00 Filing Fees.	e payabl	e in US
& \$125 for Articles Status of Organization)	and Certified Co	Certificate of Status		26
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 Tallahassee, FL 32303	810°0 810°0 880°0	2023 FEE 1 AM 10: 28

## **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:
Queen Landscaping Corp (Enter Name of Other Business Entity)
2. The work on Province Province 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
(Enter state, or if a non-U.S. entity, the name of the country)
05/01/2020 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: Queen Landscaping and Construction 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.

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	R	П	C	LE	I	_	N	a	m	e	
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The name of the Limited Liability Company is:

#### QUEEN LANDSCAPING AND CONSTRUCTION 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:	Mailing Address:		
427 SE 19th TER	427 SE 19th Ter		
Cape Coral, FL 33990	Cape Coral, FL 33990		

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:

Lidie Gomez Moya	
Na	me
427 SE 19th Ter	
Florida street address (P	.O. Box <u>NOT</u> acceptable)
Cape Coral	FL 33990
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)

Signed	this day of	20
Signat	ure of Authorized Representa	tive of Limited Liability Company:
O: .	CA d 2 LD	Man
Signatu	ure of Authorized Representativ	C: Manager
Printea	Name: Lidie Gornez Woya	Title: Manager
Signati	ure(s) on behalf of Othez-Busin	ess Entity:  See below for required signature(s)
312	re:	
Signatu	ге:	
Printed	Name: Lidie Gomez Moya	Title: President
Signatu	re:	
Printed	Name:	Title:
Drinted	re:	Title:
Timed	radine.	110¢.
Signatu	re:	
Printed	Name:	Title:
Signatu	re:	
Printed	Name:	Title:
<i>a</i> .		
Signatu	re:	'R''.1
Printed	Name:	Title:
If Flori	ida Corporation:	
	re of Chairman, Vice Chairman,	Director, or Officer.
		elected, an Incorporator must sign.
	<u>ida General Partnership or Lin</u>	nited Liability Partnership:
Signatu	re of one General Partner.	
1661	ta a transfer de la company	2. 112.192 r. 2. 18
	iga Limited Partnership or Lin ires of <b>ALL</b> General Partners.	nited Liability Limited Partnership:
Signatu	iles of ALL General Partners.	
All oth	ers:	
	ire of an authorized person.	
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Fees:		
	Auticles of Courses	eas on
	Articles of Conversion:	\$25.00
	Fees for Florida Articles of Org	
	Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
	Certificate of Status:	\$5.00 (Optional)

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### 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	
MGR	Lidie Gomez Moya
	427 SE 19th Ter
	Cape Coral, FL 33990
AMBR	Lidie Gomez Moya
	427 SE 19th Ter
	Cape Coral, FL 33990
-	
(Use attachment if necessary)	
(Ose attachment if necessary)	
CLCA/CM	
ICLE V: Other provisions, if any.	ed conder the Elected Ctatutar
gage in any activity or business authorize	o under the Florida Statutes.
REQUIRED SIGNATURE:	- <del></del>
REQUIRED SIGNATURE:	Jan 1

Typed or printed name of signee

Filing Fees

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

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.