# 12300028645/

~		
	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
· ·	(Business Entity Nam	e)
	(Document Number)	
	(Document Number)	
Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer:	
-		

Office Use Only



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# COVER LETTER

TO: New Filing Section Division of Corporations	<b>~</b>
SUBJECT: Your Chores Outdoors, LLLP	
(Name of Re	sulting Florida Limited Company)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L	eles of Organization, and fees are submitted to convert an "Other iability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concernin	g this matter to:
Ryan Hanus	
(Contact Person)	
Your Chores Outdoors	
(Firm/Company)	<del></del>
1520 Magnolia Ln	
(Address)	
West Palm Beach, FL, 33417	
(City, State and Zip Code)	
YourChoresOutdoors@gmail.com	
E-mail Address: (to be used for future annual re	eport notifications)
For further information concerning this ma	itter, please call:
Ryan Hanus	at (412 )736-7222
(Name of Contact Person)	at (412 )736-7222 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the	unt: (All checks processed by this office must be payable in US United States)
\$150.00 Filing Fees \$255 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

# **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:
Your Chores Outdoors, LLLP (Enter Name of Other Business Entity)
Limited Lightlity Limited Partnership
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
6/10/2022 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:
Your Chores Outdoors, 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.
2023 JUH

• •			
Signed this 4	day of <u>June</u>	20	
Signature of Author	rized Representative	of Limited Liability Company:	
Clausering of Ausburi		B A Title: Owner / (F	
Signature of Authori	zed Representative: 👱	1-1-1-1	_
Printed Name: K	in Hanus	Title: Owner / CE	<u>0</u>
`	)		
Signature(s) on beha	llf of Other Business E	Entity:  See below for required signature	re(s)]
•			
Signature: Konwin	Allu	Title: General Partner	
Printed Name: Kervin	Ally	Title: General Partner	
Timted (dame, 1000)	····y 0	THIC.	
G' .			
Signature:		Title:	
Printed Name:		Title:	
Signature:		Title:	
Printed Name:		Title:	
		<del></del>	
Signature:			
Printed Name:		Title:	
Trinica ivanic.	***************************************	I NC	
C'			
Signature:		Title:	
Printed Name:		Title:	
Signature:		<u></u>	
Printed Name:		Title:	
If Florida Corporation	on:		
	n, Vice Chairman, Direc	etor or Officer	
		ed, an Incorporator must sign.	
If Directors of Officer	s have not been selected	ed, an incorporator must sign.	
***** *			
		Liability Partnership:	
Signature of one Gene	eral Partner.		
If Florida Limited Pa	artnership or Limited	Liability Limited Partnership:	
Signatures of ALL Ge	eneral Partners.	-	
<u> </u>			
All others:			
Signature of an author	rived porson		
Signature of an author	izeu person.		
17			
Fees:			

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

20/3 JUN 15 AM

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited	Liability Company is:		
Must conta	in the words "Limited Liability"	OUFS, LLC.	<u> </u>
ARTICLE II - Address The mailing address and		ncipal office of the Lim	ited Liability Company is:
Principal Office Addres		Mailing Address:	
3 7 20 N, Or Orlands, FL, ARTICLE III - Register (The Limited Liability Company business entity with an active Flo	cannot serve as its own Register	CHICL OF MCEISICION A	igent a dignature.
The name and the Florida	street address of the reg	gistered agent are:	
	Ryan Hansi Name	BA	
<del>4</del> Flori	Name  18 SE S +  ida street address (P.O. I	Box NOT acceptable)	118
	yt Lauderdal City		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

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)

Δ	RI	H	'I I	7 1	$V_{-}$

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

"AMBR" = Authorized Member	
"MGR" = Manager	
manager	Ria Hanus
	1419 3E 201 St
	Aprixment 3118
	Fort Landondelle FL 333
<del></del>	
<del></del>	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:	
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:	4
	<u></u>
REQUIRED SIGNATURE:	an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, 1 am aware that
Signature of a member or a This document is executed in accordance any false information submitted in a document.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware that nent to the Department of State constitutes a third degree felony
REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes, I am aware that
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes, I am aware that nent to the Department of State constitutes a third degree felony
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes, I am aware that
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.  Ryp	with section 605.0203 (1) (b), Florida Statutes, I am aware that nent to the Department of State constitutes a third degree felony bed or printed name of signee  Filing Fees
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.  Type  \$125.00 Filling Fee for Articles or	with section 605.0203 (1) (b), Florida Statutes, I am aware that nent to the Department of State constitutes a third degree felony bed or printed name of signee  Filing Fees  f Organization and Designation of Registered Ago
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.  Typ	with section 605.0203 (1) (b), Florida Statutes, I am aware that nent to the Department of State constitutes a third degree felony bed or printed name of signee  Filing Fees  f Organization and Designation of Registered Age