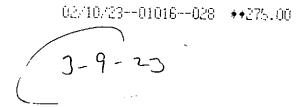
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SECRETARY OF STATE FALLAHASSEF FI GRID!

Office Use Only

COVER LETTER

Division of Corporations		
SUBJECT: SD HOME SERVICES, LLC		
	sulting Florida Limit	ed Company)
The enclosed Articles of Conversion, Arti Business Entity" into a "Florida Limited I		on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence concernie	ng this matter to:	
STEPHEN J. DELROSS II		
(Contact Person)		
SD HOME SERVICES, LLC		
(Firm/Company)		
95 BROADMOOR LANE		
(Address)		
ROTONDA WEST, FLORIDA 33947		
(City, State and Zip Code)		
SDHOMESERVICES65@GMAIL.COM		
E-mail Address: (to be used for future annual r	eport notifications)	
For further information concerning this m	atter inlease call:	
	•	200 0500
STEPHEN J DELROSS II	at (<u>401</u>	369-2583
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amodollars 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		Street Address: New Filing Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



February 28, 2023

STEPHEN J. DELGROSS II SD HOME SERVICES, LLC 95 BROADMOOR LANE ROTONDA WEST, FL 33947

SUBJECT: SD HOME SERVICES, LLC

Ref. Number: W23000027691

We have received your document for SD HOME SERVICES, LLC and your check(s) totaling \$275.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the marked sections in the Articles of Conversion. Signatures are missing.

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.

DANIEL L O'KEEFE Regulatory Specialist II

2071 - 3 111 2:2

Letter Number: 023A00004724

FILED SECRETARY OF STATE FALLAHASSEE, FLORIDA

Articles of Conversion For

"Other Business Entity"

2023 HAR -9 PM 4: 23

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" imme SD HOME SERVICES, LLC	ediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other	Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type, Example: corporation, lim	$m_{\gamma_2} - 16249$ nited partnership, general partnership, common law or business trust, etc.)
	laws of
on 10/22/21 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Com SD HOME SERVICES, LLC	pany as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited	d Liability Company)
the date this document is filed by the Florida D	receipt or filed date nor more than 90 calendar days after epartment of State.) plicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approved in acc	cordance 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 6TH day of FEBRUARY	_ ₂₀ _ <u>23</u>
Signature of Authorized Representative of Limi	
organizate of Authornized Representative of Author	
Signature of Authorized Representative: Signature Name: STEPHEN J DELROSS II	L Belle IX
Printed Name: STEPHEN J DELROSS II	Title: MANAGER/OWNER
Timed Name. O'LI WEN'S SEENSON.	1100.
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Steph Word II	
Signature: Stephen J. DelRoss J.	_ Title: manager / owner X
·	·
Signature:Printed Name:	T(+1
rmied Name:	Title.
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signatura:	
Signature:Printed Name:	Title
Timed Name.	
If Florida Co <u>rporation:</u>	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	
<u>If Florida General Partnership or Limited Liabilit</u>	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit	y 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

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

Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
SD HOMESERVICES, LLC	
(Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC,")
ARTICLE II - Address:	
	incipal office of the Limited Liability Company is:
	•
Principal Office Address:	Mailing Address:
95 BROADMOOR LANE	95 BROADMOOR LANE
ROTONDA WEST, FLORIDA	ROTONDA WEST, FLORIDA
33947	33947
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r	ered Agent, You must designate an individual or another
JANINE M DELROSS	
Name	<u> </u>
95 BROADMOOR LANE	
Florida street address (P.O	. Box NOT acceptable)
ROTONDA WEST	FL ³³⁹⁴⁷
City	Zip
Haning been named as registered agent and to	accept service of process for the above stated limite

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:

Name and Address:	
STEPHEN J DELROSS II	
95 BROADMOOR LANE	
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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.

STEPHEN J DELROSS II

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)