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Office Use Only



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## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: TORREZ MAINTENANCE LLC	
	esulting Florida Limited Company)
	icles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerni	ng this matter to:
AARON ARAMY TORREZ	
(Contact Person)	<del></del>
TORREZ MAINTENANCE LLC	
(Firm/Company)	<del> </del>
1483 SCOTTSDALE ROAD NORTH	
(Address)	<del></del>
WEST PALM BEACH ,FLORIDA 33417	
(City, State and Zip Code)	
AT81STMARTIN@GMAIL.COM	
E-mail Address: (to be used for future annual)	report notifications)
For further information concerning this m	atter, please call:
AARON ARAMY TORREZ	at (561 )856-0980
(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	ount: (All checks processed by this office must be payable in US c 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

## **Articles of Conversion**

For

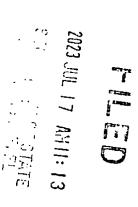
## "Other Business Entity"

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: TORREZ MAINTENANCE COMPANY
(Enter Name of Other Business Entity)
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 (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
10/10/2022 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:
TORREZ MAINTENANCE 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.



Signed this AARON A day of JULY 12/2023	20
Signature of Authorized Representative of Limite	d Liability Company:
Signature of Authorized Representative: //www.	Title: AUTHORIZED MEMBER
Signature(s) on behalf of Other Business Entity: [S	
Signature: 1270 1 10 10 10 Printed Name: AARON ARAMY TORREZ	<del></del>
Signature: // Ocal Asout Cor Printed Name:	56
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 Officers have not been selected, an Inc.	Officer. corporator must sign.
If Florida General Partnership or Limited Liabilic Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

2023 JUL 17 AHTT: 13

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N			
The name of the	Limited Liability Company	is:	
TORREZ MAINTE	ENANCE LLC		
	Must contain the words "Limited Liab	pility Company, "L.L.C.," or "LLC.")	
ARTICLE II - A			
The mailing add	ress and street address of the	principal office of the Limited	Liability Company is:
Principal Office	Address:	<b>Mailing Address:</b>	
1483 SCOTTSDA	LE ROAD NORTH	1483 SCOTTSDALE ROAD	NORTH
WEST PALM BEA	ACH, FLORIDA 33417	WEST PALM BEACH, FLOR	RIDA33417
(The Limited Liability		red Office, & Registered Ager egistered Agent. You must designate an in	
The name and th	e Florida street address of th	ne registered agent are:	
	AARON ARAMY TORREZ		
	Na	ime	
	1483 SCOTTSDALE ROAL	NORTH	
	Florida street address (P	P.O. Box NOT acceptable)	
	WEST PALM BEACH	FL 33417	
	City	Zip	
liability con registered age statutes relat	mpany at the place designated nt and agree to act in this capting to the proper and comple obligations of my position as	d to accept service of process for d in this certificate, I hereby acceptacity. I further agree to comply the performance of my duties, and registered agent as provided for a formature (REQUIRED)	ept the appointment as wwith the provisions of all d I am familiar with and
	(CONT	INUED)	

### 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			
AUTHORIZED MEMI	AARON ARAMY TORREZ		
	1483 SCOTTSDALE ROAD NORTH		
	WEST PALM BEACH, FLORIDA 33417		
<del> </del>			
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(Use attachment if necessary)			
ICLE V. Od			
ICLE V: Other provisions, if any.			
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REQUIRED SIGNATURE:			
The state of the s			
Marca Asaric	V Correr Authorized record		
•	an authorized representative of a member		
This document is executed in accordance	e 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 fel 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)

AARON ARAMY TORREZ, AUTHORIZED MEMBER