# L23000442265

| (Requestor's Name)                      |            |
|---|------------|
| (Address)                               |            |
| (1.001233)                              |            |
| (Address)                               |            |
| (City/State/Zip/Phone #                 | <b>≠</b> ) |
| PICK-UP WAIT                            | MAIL       |
| (Business Entity Name                   | p)         |
| (Document Number)                       |            |
| Certified Copies Certificates of        | of Status  |
| Special Instructions to Filing Officer. |            |
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Office Use Only



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| FLORIDA CAPITAL COURIER SERVICE      | S, INC                               |
|--------------------------------------|--------------------------------------|
| 2330 CLARE DR                        |                                      |
| TALLAHASSEE, FL 32309                |                                      |
| (850) 524-5437 / (850) 524-6243 / (8 | 850) 491–9625                        |
| Please use funds from this a         | ccount: I20210000160: \$150.00       |
| Authorization Signature:             | lanifulli :                          |
| LETTUCE SERVICES LLC                 |                                      |
| BUSINESS NAME                        | DOCUMENT #                           |
| Certified Copy                       |                                      |
| Certificate of Status                |                                      |
| NEW FILINGS                          | <u>AMMENDMENTS</u>                   |
| Profit Corp                          | Amendment                            |
| Not for Profit                       | Resignation of R.A. Officer/Director |
| Limited Liability                    | Change of Registered Agent           |
| Domestication                        | Revocation of Dissolution            |
| LLLP                                 | Merger                               |
| CORP                                 | _X_Articles of Conversion            |
| Other                                | Restated Articles of Incorporation   |
| Other                                | Statement of Authority               |
| OTHER FILINGS                        | REGISTERATION/QUALIFICATIONS         |
| Apostille                            | Foreign filing                       |
| Country                              | Reinstatement                        |
| Annual Report                        | Qualification                        |
| Fictitious Name                      | Other                                |
|                                      |                                      |

EXAMINER'S INITIALS:

| FLUNIDA CAPITAL COUNIER SERVICES        | s, inc                               |
|---|--------------------------------------|
| 2330 CLARE DR                           |                                      |
| TALLAHASSEE, FL 32309                   |                                      |
| (850) 524–5437 / (850) 524–6243 / (8    | 50) 491–9625                         |
| Please use funds from this ac           | count: 120210000160: \$150.00        |
| Authorization Signature:                | Jantell :                            |
| LETTUCE SERVICES LLC                    | 0                                    |
| BUSINESS NAME                           | DOCUMENT #                           |
| Certified Copy<br>Certificate of Status |                                      |
| NEW FILINGS                             | <u>AMMENDMENTS</u>                   |
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| Other                                   | Statement of Authority               |
| OTHER FILINGS                           | REGISTERATION/QUALIFICATIONS         |
| Apostille                               | Foreign filing                       |
| Country                                 | Reinstatement                        |
| Annual Report                           | Qualification                        |
| Fictitious Name                         | Other                                |
|   |                                      |

EXAMINER'S INITIALS:\_\_\_\_\_

#### **COVER LETTER**

| TO:               | New Filing S Division of C   |   |                                  |                    |  |
|-------------------|--|---|----------------------------------|--------------------|--|
|                   |  | •   |                                  |                    |  |
| SUB.              | JECT: CETTOO   | E SERVICES, LLC (Name of Res                          | sulting Florida Lin              | nited Con          | npany)   |
|                   |  |   | ~                                |                    | d fees are submitted to convert an "Other coordance with s. 605.1045, F.S. |
| Pleas             | e return all corr  | espondence concernin                                  | g this matter to                 | :                  |  |
| HEAT              | HER HEATON   |   |                                  |                    |  |
|                   | <del></del>  | (Contact Person)                                      |                                  |                    |  |
| LETT              | UCE SERVICES   | , ŁLC   |                                  |                    |  |
|                   |  | (Firm/Company)  |                                  | _                  |  |
| 589 B             | BIG PINE AVENU   | E   |                                  |                    |  |
|                   |  | (Address)   |                                  |                    |  |
| MINN              | EOLA, FL 34715   |   |                                  |                    |  |
|                   | (1   | City, State and Zip Code)                             |                                  | _                  |  |
| office            | @lettuceservices   | .com  |                                  |                    |  |
| E-                | mail Address: (to b  | e used for future annual re                           | port notifications)              | <u> </u>           |  |
| For f             | urther informati   | on concerning this ma                                 | tter, please call                | :                  |  |
| Jeffre            | y H. Traynham, E   | Esq.  | _at ( <sup>352</sup>             | <sub>\</sub> 682-7 | 7813   |
|                   | (Name of Conta   | act Person)   |                                  | e) (Day            | rtime Telephone Number)  |
|                   |  | for the following amou<br>a bank located in the       | •                                | process            | sed by this office must be payable in US                                   |
| (\$25 f<br>& \$12 | 50.00 Filing Fees<br>for Conversion<br>5 for Articles<br>ganization) | □\$155.00 Filing Fees<br>and Certificate of<br>Status | □\$180.00 Filin and Certified Co | _                  | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status           |
|                   | Mailing Add<br>New Filing S<br>Division of C                         | ection  |                                  | New                | t Address: Filing Section ion of Corporations                              |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

# **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.

| LETTUCE SERVICES LLC (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  |
|  |
| APRIL 6, 2023 (date of organization, formation or incorporation)   |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  |
| LETTUCE SERVICES, 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<br>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 20TH day of SEPTEMBER   | _                               |
|---|---------------------------------|
| Signature of Authorized Representative of Limit   | ited Liability Company:         |
| Signature of Authorized Representative:   |                                 |
| Printed Name: HEATHER HEATON  | Title: AMBR                     |
| Signature(s) on behalf of Other Business Entity:  | See below for required signatur |
| Signature:  |                                 |
| Printed Name: HEATHER HEATON  |                                 |
| Signature:  |                                 |
| Signature:Printed Name:   | Title:                          |
| Signature:  |                                 |
| Printed Name:   | Title:                          |
| Signature:  |                                 |
| Printed Name:   | Title:                          |
| Signature:  |                                 |
| Signature:Printed Name:   | Title:                          |
| Signature:  |                                 |
| Printed Name:   | Title:                          |
| If Florida Corporation:   |                                 |
| Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In |                                 |
| if birectors of officers have not been selected, an in  | corporator must sign.           |
| If Florida General Partnership or Limited Liabili Signature of one General Partner.                       | ty Partnership:                 |
| Signature of one General Farmer.  |                                 |
|   |                                 |
|   | ty Limited Partnership:         |
|   | ty Limited Partnership:         |
| Signatures of ALL General Partners.   | ty Limited Partnership:         |
| All others: Signature of an authorized person.  | ty Limited Partnership:         |
| Signatures of ALL General Partners.  All others: Signature of an authorized person.                       | ty Limited Partnership: \$25.00 |
| Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees:                |                                 |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:   |   |
|---|---|
| LETTUCE SERVICES, LLC (Must contain the words "Limited Liability Company  | "L.L.C." or "Li.C.")  |
| ARTICLE II - Address:   | Sinok W Tinot ,   |
| The mailing address and street address of the principal of  | ffice of the Limited Liability Company is:  |
| Principal Office Address: Mailin  | g Address:  |
| 589 BIG PINE AVE 589 BIG  | S PINE AVE  |
|   | OLA, FL 34715   |
|   |   |
| (The Limited Liability Company cannot serve as its own Registered Agent business entity with an active Florida registration.)  The name and the Florida street address of the registered HEATHER HEATON  Name   | -   |
| ranc  |   |
| 589 BIG PINE AVENUE   |   |
| Florida street address (P.O. Box No.  | <u>M</u> acceptable)  |
| MINEOLA FL.3  | 4715  |
| City  | Zip   |
| Having been named as registered agent and to accept liability company at the place designated in this cert registered agent and agree to act in this capacity. I fur statutes relating to the proper and complete performa accept the obligations of my position as registered of | ificate, I hereby accept the appointment as<br>her agree to comply with the provisions of all<br>nce of my duties, and I am familiar with and |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address:   |
|--|---------------------|
| "MGR" = Manager                          |                     |
| AMBR                                     | HEATHER HEATON      |
|  | 589 BIG PINE AVENUE |
|  | MINNEOLA, FL 34715  |
| AMBR                                     | JACOB HEATON        |
|  | 589 BIG PINE AVENUE |
|  | MINNEOLA, FL 34715  |
|  |                     |
|  |                     |
|  |                     |
|  |                     |
|  |                     |
|  |                     |
|  |                     |
|  |                     |
| (Use attachment if necessary)            |                     |
| (Ose attachment if necessary)            |                     |
|  |                     |
| LE V: Other provisions, if any.          |                     |
| ty is authorized to conduct any legal bu | siness.             |
|  |                     |
|  |                     |
|  |                     |
| REQUIRED SIGNATURE                       | $\overline{\sim}$   |
| 102-                                     |                     |
|  |                     |

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.

**HEATHER HEATON** 

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)

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