# L23000447497

(Requestor's Name)
(Address)
(Address)
(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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09/22/28--01015--014 \*\*185.00



# **COVER LETTER**

TO:	New Filing S Division of C				
CLID		ermite and Pest Control	LLC		
SOR	IECT:		sulting Florida Limi	ted Com	pany)
			_	-	d fees are submitted to convert an "Other cordance with s. 605.1045, F <sub>1</sub> 8.
Please	e return all corr	espondence concernin	g this matter to:		
James	s M Beucher				
		(Contact Person)	· · · · · · · · · · · · · · · · · · ·	-	
Florida	a Termite and Pe	est Control INC			
	<del></del>	(Firm/Company)		-	
10443	50th Ave Cir N				
		(Address)	<del></del>	-	
St. Pe	tersburg, Florida	•			
	(0	City, State and Zip Code)		-	
jimbe	ucher@gmail.cor	n			
E-r	nail Address: (to b	e used for future annual re	port notifications)	-	
For fu	ırther informati	on concerning this ma	tter, please call:		
			at (	.)	
	(Name of Conta	ect Person)	(Area Code)	(Day	time Telephone Number)
		or the following amou a bank located in the	•	rocess	ed by this office must be payable in US
(\$25 fc & \$125	i0.00 Filing Fees or Conversion 5 for Articles anization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		S185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New F Divisi The C 2415 I	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, 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: Florida Termite and Pest Control INC
(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 (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)
07/23/1976
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Florida Termite and Pest Control 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 19	day of <u>September</u>	20 <u>Z7</u>	
			Limited Liability Company:	
Signatu Printed	re of Authori. Name: James	zed Representative:	Title: President	
		•	ity:  See below for required signature	 e(s)l
-		· · · · · · · · · · · · · · · · · · ·		(-7)
Signatui	re:		Title:	
Printea .	Name:		Title:	
Signatur	re:			
Printed	Name:		Title:	
Signatu	re:			
Printed	Name:		Title:	
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Printed	Name:		Title:	
Printed	Name:		Title:	
Signatur	·o·	•		
Printed 1	Name:		Title:	
If Floris	da Carparati	on.		
	<b>da Corporati</b> re of Chairmai	on: n, Vice Chairman, Directo	or Officer	
-			an Incorporator must sign.	
If Florid	da Ceneral P	artnership or Limited Li	jahility Partnershin	
	re of one Gene		atthership.	
If Florid	da Limited P	artnershin or Limited Li	iability Limited Partnership:	
		eneral Partners.	Similed Fatency Street	
All othe	rc·			
Signatur	e of an author	rized person.		
Fees:				
	Articles of Co	onversion:	\$25.00	
		da Articles of Organization		
	Certified Cop		\$30.00 (Optional)	
(	Certificate of	Status:	\$5.00 (Optional)	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•	, .Pm.		
Florida Termite and F		W. G. W. G.H. W. G.W.	
(Mus	st contain the words "Limited Liab	nility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add	dress:		
The mailing address	s and street address of the	principal office of the Limited Liability Co	mpany is:
n-::	<b>44</b>	NEXT - Addison	
Principal Office A	<u>aaress:</u>	Mailing Address:	
10443 50th Ave Cir N	lorth	10443 50th Ave Cir North	
St. Petersburg, Florid	la	St. Petersburg, Florida	
33708		33708	
·	ctive Florida registration.) Torida street address of th	gistered Agent. You must designate an individual or anoth e registered agent are:	er
The name and the F	lorida street address of th James M Beucher	e registered agent are:	ier
The name and the F	lorida street address of th	e registered agent are:	ier
The name and the F	Torida street address of th James M Beucher Na 10443 50th Ave Cir North	e registered agent are:	ier
The name and the F	Torida street address of th James M Beucher Na 10443 50th Ave Cir North	e registered agent are:	ier
The name and the F	Torida street address of th James M Beucher Na 10443 50th Ave Cir North	e registered agent are:	ier
The name and the F	lorida street address of th James M Beucher Na 10443 50th Ave Cir North Florida street address (P	e registered agent are:  me  O. Box NOT acceptable)	ier

(CONTINUED)

### ARTICLE IV-

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

HANDDH A AL 1 1NA 1	
"AMBR" = Authorized Member	
"MGR" = Manager	James M. Rougher
MGR	James M Beucher 10443 50th Ave Cir N
	St. Petersburg Florida 33708
<del></del>	
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(Has attachment if pagaggam)	
(Use attachment if necessary)	
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LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member	or an authorized representative of a member
LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member  This document is executed in accord-	ance with section 605.0203 (1) (b), Florida Statutes, I am awar
LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member This document is executed in accordany false information submitted in a decordany false information submitted in a decord	ance with section 605.0203 (1) (b), Florida Statutes, I am awar
LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member  This document is executed in accord-	ance with section 605.0203 (1) (b), Florida Statutes, I am awar
LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member This document is executed in accordany false information submitted in a decordany false information submitted in a decord	ance with section 605.0203 (1) (b), Florida Statutes, I am awar
LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member This document is executed in accordany false information submitted in a decordany false information submitted in a decord	ance with section 605.0203 (1) (b), Florida Statutes, I am awar locument to the Department of State constitutes a third degree
LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member This document is executed in accordany false information submitted in a decordany false information submitted in a decord	or an authorized representative of a member ance with section 605.0203 (1) (b), Florida Statutes, I am awar locument to the Department of State constitutes a third degree Typed or printed name of signee

\* NOTSURE IS I needed to do this part - So I did it anyway.