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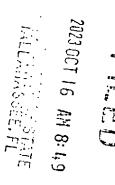
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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10/11/23--01030--006 **1\$0.00



COVER LETTER

TO: New Filing Division of	Section Corporations							
SUBJECT: PARKE	R'S SOD & SERVICES,	LLC						
30Dine 1.	(Name of Re	sulting	Florida Lin	nited Cor	npany)			
	es of Conversion, Artic o a "Florida Limited L							ther
Please return all cor	respondence concernin	g this	matter to	:				
Sarah J. Harnden								
	(Contact Person)			_		<i>e</i> 13	2(
Dunlap Moran						事)23 (=
	(Firm/Company)						2023 OCT 16	ا حصر
PO Box 3948						53	16	3
	(Address)					65 · · · · · · · · · · · · · · · · · · ·	77	
Sarasota, FL 34230-	3948						64 :8 HV	U
	(City, State and Zip Code)					r in	[:3	
BenParker329@gma	il.com							
E-mail Address: (to	be used for future annual re	port n	otifications)					
For further informa	tion concerning this ma	itter, j	olease call	<i>:</i>				
Sarah J. Harnden		at í	941	366-	0115			
(Name of Con	tact Person)		(Area Cod	e) (Da	ytime Telephone Number))		
dollars and drawn o	for the following amount a bank located in the	Unite	ed States)		_		ble in I	JS
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status		180.00 Filin Certified Co	_	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
Mailing Ad New Filing Division of P.O. Box 63 Tallahassee,	Section Corporations 27			New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Su	ite 810		

Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

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" immediately prior to the filing of the Articles of Conversion is: PARKER'S SOD & SERVICES, INC. POULOW 386
(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
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
PARKER'S SOD & 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 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 m - 1 m -

- 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 2 day of _OC	tober 2023
	ntative of Limited Liability Company:
Signature of Authorized Representa Printed Name: Ben A. Parker	tive:
/	siness Entity: [See below for required signature(s)]
Signature: Printed Name: Ben A. Parker	Title: P.T
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, If Directors or Officers have not been	
If Florida General Partnership or I Signature of one General Partner.	Limited Liability Partnership:
If Florida Limited Partnership or I Signatures of <u>ALL</u> General Partners.	Limited Liability Limited Partnership:
All others: Signature of an authorized person.	
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:

2023 OCT 16 NM 8: 1:0

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
PARKER'S SOD & SERVICES, LLC		
(Must contain the words "Limited Liability	ly Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
The mailing address and street address of the pr	rincipal office of the Limi	ited Liability Company is:
,	•	
Principal Office Address:	Mailing Address:	
18500 Ohara Dr	18500 Ohara Dr	
Port Charlotte, FL 33948	Port Charlotte, FL 33948	3
		
	1000 0 1	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	3 Office, & Registered Astered Agent. You must designate	agent's Signature: an individual or another
The name and the Florida street address of the i	registered agent are:	
The finance and the property and the control of the		
Dana E. Parker		
Nam	e	
18500 Ohara Dr		
Florida street address (P.C). Box <u>NOT</u> acceptable)	
Port Charlotte	FI. 33948	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capact statutes relating to the proper and complete accept the obligations of my position as registered Agent's Signature.	n this certificate, I hereby (city. I further agree to con performance of my duties,	accept the appointment as uply with the provisions of all and I am familiar with and
(CONTIN	(UED)	SSEE TI

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		
MGR	Ben A. Parker	
	18500 Ohara Dr	
	Port Charlotte, FL 33948	
MGR	Dana E. Parker	
	18500 Ohara Dr	
	Port Charlotte, FL 33948	
*		
		
		<u></u>
	-	
		
(Use attachment if necessary)		202
		2023 OCT
RTICLE V: Other provisions, if any.		# 5 6 F
		1 1 1 1 1 1 1 1 1 1
		B. L.9
REQUIRED SIGNATURE:		- TE 49
		•
Y/\		

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.

Ben A. Parker

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)