

L23000519716

(Requestor's Name)

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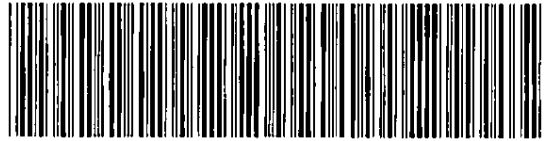
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORP
(850) 656- 4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 11/21/2023

Acc#I20160000072

en: c DW

Name:	RIPS PROFESSIONAL LAWN CARE, INC.
Document #:	
Order #:	15233026

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 150.00

Thank you!

**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 Section 605.1045, Florida Statutes:

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: RIPS PROFESSIONAL LAWN CARE, INC.
2. The "Other Business Entity" is a corporation first organized, formed or incorporated under the laws of Florida on August 2, 1999, and assigned Document Number P99000071129.
3. The name of the Florida limited liability company as set forth in the attached Articles of Organization is: RIPS PROFESSIONAL LAWN CARE, LLC
4. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)
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 Sections 605.1006 and 605.1061-605.1072, Florida Statutes.

Signed this 21st day of November, 2023.

RIPS PROFESSIONAL LAWN CARE, INC.

A Florida corporation

By: _____

James R. Thompson, President

RIPS PROFESSIONAL LAWN CARE,
LLC,

A Florida limited liability company

By: _____

James R. Thompson, Manager

2023

11/21/23

**ARTICLES OF ORGANIZATION
OF
RIPS PROFESSIONAL LAWN CARE, LLC
A Florida Limited Liability Company**

**ARTICLE I
NAME**

The name of this limited liability company is **RIPS PROFESSIONAL LAWN CARE, LLC**, referred to in these Articles of Organization as the "Company."

**ARTICLE II
MAILING AND STREET ADDRESS**

The street address of the principal office of the Company is as follows:

511 N. Highway 79, Panama City Beach, FL 32413

The mailing address of the principal office of the Company is as follows:

511 N. Highway 79, Panama City Beach, FL 32413

**ARTICLE III
REGISTERED AGENT**

The name and Florida street address of the initial Registered Agent are as follows:

James R. Thompson
6208 S. Lagoon Drive
Panama City, FL 32408


**ARTICLE IV
MANAGEMENT**

The name and address of each person initially authorized to manage and control the Company, until their successors are appointed, are as follows:

<u>Title</u>	<u>Name and Address</u>
Manager	James R. Thompson

**ARTICLE VI
APPLICABLE LAW**

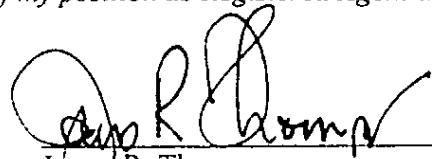
The Company is created pursuant to Chapter 605, Florida Statutes, and shall be governed by the laws of the State of Florida.


James R. Thompson, as
Authorized Representative

**ACCEPTANCE OF DESIGNATION
OF
REGISTERED AGENT**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

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 of the Florida Statutes.


James R. Thompson, as
Registered Agent

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