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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(0.1,70.10.10.10.11)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:

Office Use Only



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11/17/23--01003--010 **150.00



COVER LETTER

	ew Filing Se ivision of C							
SUBJEC	T:	I-Limited	Servos, LL	.c				
		(Name of R	tesulting Florida Limit	ted Comp	pany)	_		
					I fees are submitted to cordance with s. 605			Other
Please re	turn all corre	espondence concerni	ing this matter to:					
Mar	tha An	gulo		_				
		(Contact Person)						
IL	mited S	<i>dervius</i>		_				
		(Firm/Company)						
3340	Joseph	nine St. Jupit	er, FL 33458.					
	-	nine St. Jupit (Address)		-				
	7.00	Lec. 6. 33959	ზ					
	((City, State and Zip Code)	_				
mar-	rha.a.gur	· @gnail.com						
E-mail	Address: (to b	e used for future annual	report notifications)	-				
For furth	er information	on concerning this m	natter, please call:					
M	uma An	gu\2 cct Person)	at (<u>786</u>) 3	14 - 05 27			
(1	Name of Conta	ct Person)	(Area Code)) (Dayt	ime Telephone Number)			
		or the following amo		processe	ed by this office must	t be pay		uS
\$\\$150.00 (\$25 for C & \$125 for of Organiz	Articles	□\$155.00 Filing Fees and Certificate of Status	s \$180.00 Filing and Certified Cop		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	<i>:</i>		
N D P	lailing Addrew Filing Solvision of C O. Box 632 allahassee, I	ection orporations 7		New F Division The Co 2415 N	Address: filing Section on of Corporations entre of Tallahassee N. Monroe Street, Sui assee, FL 32303	te 810	3:69	Ç

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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Supercation. (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 January 2, 1214 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
I-Limited 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. 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 3th day of November	_ 20 <u> 23</u>
Signature of Authorized Representative of Limi	ted Liability Company:
	17/
Signature of Authorized Representative:	
Signature of Authorized Representative: Printed Name: Mark Agula	Title: Ourer In wepotator
Signature(s) on behalf of Other Business Entity:	
1 the	
Signature:	
Signature:	Title: Ower hearporates
Signature:Printed Name:	Title
Trined Name.	1100.
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	
If Florida General Partne <u>rship or Limited Liabili</u>	ty Durtnership
Signature of one General Partner.	ty rarmersmp.
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
'	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	
Certified Copy:	\$125.00 \$30.00 (Optional)
4.7	- \$50.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

I-Lim	ited Services, Linited Lia	nited hi	asility company	
(Mu	st contain the words "Limited Lia	bility Company, "l	L.C.," or "LLC.")	<u> </u>
ARTICLE II - Ad	dress:			
	s and street address of the	principal off	ice of the Limited Lia	bility Company
Principal Office A	ddress:	<u>Mailing</u>	Address:	
33mia Tavala.	. Sr	P. 0	Box 481	
Junker R 3	3-158	<u> </u>	ter FL 3346	3
•				
The Limited Liability Co business entity with an a	egistered Agent, Registe ompany cannot serve as its own Reactive Florida registration.) Florida street address of the	egistered Agent. Y	ou must designate an individ	
The Limited Liability Co business entity with an a	ompany cannot serve as its own Roctive Florida registration.) Florida street address of the	egistered Agent. Y	ou must designate an individ	
The Limited Liability Co business entity with an a	ompany cannot serve as its own Rective Florida registration.)	egistered Agent. Y	ou must designate an individ	
The Limited Liability Co business entity with an a	ompany cannot serve as its own Rective Florida registration.) Florida street address of the Marka Agul	egistered Agent. Y ne registered a ما ame	ou must designate an individ	
The Limited Liability Co business entity with an a	ompany cannot serve as its own Roctive Florida registration.) Florida street address of the	egistered Agent. Y ne registered a ما ame	ou must designate an individ	
The Limited Liability Co business entity with an a	Florida street address of the Macha Angularia Sana Jaxonia Florida street address (I	ne registered a ame S P.O. Box NO	ou must designate an individ gent are:	
The Limited Liability Co business entity with an a	ompany cannot serve as its own Rective Florida registration.) Florida street address of the Marka Agul	ne registered a ame S P.O. Box NO	ou must designate an individ gent are:	

(CONTINUED)

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	_
MGR	Martina Angub 3344 Josephia 17
	3344 Josephin 12
	Jy ter 5 33458
(Use attachment if necessary) *LE V: Other provisions, if any.	
DECLUDED CICNATUDE.	
REQUIRED SIGNATURE:	11
\mathcal{C}	Valy
	
Signature of a mambar ar	an authorized representative of a member
	e with section 605.0203 (1) (b), Florida Statutes, I am aware th
any false information submitted in a docu	iment to the Department of State constitutes a third degree felo
as provided for in s.817.155, F.S.	,
L	
martha Angulo	yped or printed name of signee
Ty	
	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)