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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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W2300015	233	

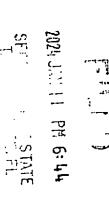
Office Use Only



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November 29, 2023

CHRISTIAN MURILLO 3626 STATHAM DRIVE APOPKA, FL 32712 US

SUBJECT: FIRST CLASS EXTERIOR SERVICES LLC.

Ref. Number: W23000158830

We have received your document for FIRST CLASS EXTERIOR SERVICES LLC. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The document must contain both the street address of the principal office and the mailing address of the entity.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Rickey L Richardson Regulatory Specialist II

Letter Number: 123A00027173

COVER LETTER

TO:	New Filing S Division of C							
SUBJ	ECT: FIRST C	LASS EXTERIOR SERV	/ICES					
5050			sulting Florida L	imited Con	npany)			
		s of Conversion, Artic a "Florida Limited Li						r
Please	e return all corr	espondence concernin	g this matter t	o:				
Christ	ian Murillo							
		(Contact Person)	,					
FIRST	CLASS EXTER	RIOR SERVICES						
		(Firm/Company)						
3626	statham dr							
		(Address)						
Apopl	(a, FL 32712							
	((City, State and Zip Code)						
christi	anmurillo2004@	gmail.com						
E-1	nail Address: (to b	e used for future annual re	port notification	s)				
For fi	ırther informati	on concerning this ma	tter, please ca	I 1:				
Christ	ian Murillo		_at (+1) ⁸¹⁷⁻⁴	899-0990			
	(Name of Conta	act Person)	(Area Co	ode) (Day	time Telephone Number)			
		for the following amou a bank located in the	•	•	sed by this office must	t be payal	ole in US	
(\$25 fc & \$12	60.00 Filing Fees or Conversion 5 for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fill and Certified		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection Corporations 17		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Sui hassee, FL 32303	ite 810	2024 J. 11 11 1	

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.

Other Business == 1	
Statutes.	COion is:
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles First Class Exterior Services	of Conversion is.
(Enter Name of Other Business Entity)	
Limited Liability Company	
2. The "Other Business Entity" is a	law or business trust, etc.)
First organized, formed or incorporated under the laws of	name of the country)
10/23/23	
on (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	les of Organization:
First Class Exterior Services	
(Enter Name of Florida Limited Liability Company)	
01/05/24	
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 9 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 document's effective date on the Department of State's records.	O calendar days after e will not be listed as the
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 appraisable which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	sal rights the amount to
	LLU 🚓

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gned this wednes day of December 27, 20 d	<u>.3</u>
gned this wednes day of book the same and tight	sility Company:
ignature of Authorized Representative of Limited Liab	<u> </u>
in a secondative.	*** (DD
ignature of Authorized Representative: ignature of Authorized Representative: Title:	AMBR
rinted Name: Christian Munito Signature(s) on behalf of Other Business Entity: [See bel	ow for required signature(s)]
Signature(s) on behalf of Other Business Entity.	
Tido	AMBR
Signature: Utab G/A/Signature: Tyrese Mcintyre Printed Name: Tyrese Mcintyre	· rawe
Printed Name.	
Signature: Title Printed Name: Title	:
Signature:Title	e:
Printed Name:	
Tit	le:
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Signature:T	100
Signature: T Printed Name: T	140.
Printed Name:	. nor
Printed Name:	. nor
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Incorporation:	icer. porator must sign.
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Off If Directors or Officers have not been selected, an Incorporation of Corporal Partnership or Limited Liability	icer. porator must sign.
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Off If Directors or Officers have not been selected, an Incor If Florida General Partnership or Limited Liability	icer. porator must sign. Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Off If Directors or Officers have not been selected, an Incor If Florida General Partnership or Limited Liability Signature of one General Partner.	icer. porator must sign. Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Off If Directors or Officers have not been selected, an Incor If Florida General Partnership or Limited Liability Signature of one General Partner.	icer. porator must sign. Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Off If Directors or Officers have not been selected, an Incor If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	icer. porator must sign. Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Off If Directors or Officers have not been selected, an Incor If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	icer. porator must sign. Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Off If Directors or Officers have not been selected, an Incor If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	icer. porator must sign. Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Off If Directors or Officers have not been selected, an Incor If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	icer. porator must sign. Partnership: Limited Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Off If Directors or Officers have not been selected, an Incor If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. All others: Signature of an authorized person. Fees:	icer. porator must sign. Partnership: Limited Partnership: \$25.00
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Off If Directors or Officers have not been selected, an Incor If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. All others: Signature of an authorized person. Fees: Articles of Conversion: Fees for Florida Articles of Organization:	seer. porator must sign. Partnership: Limited Partnership: \$25.00 \$125.00 \$30.00 (Optional)
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Off If Directors or Officers have not been selected, an Incor If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. All others: Signature of an authorized person. Fees:	ser. porator must sign. Partnership: Limited Partnership: \$25.00 \$125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FLO	RIDA LIMITED LIABI	LITY COMP.	ANY	
ARTICLE I - Name: The name of the Limited Liability Company is:				
FIRST CLASS EXTERIOR SERVICES LLC.	" YO " are I C "			
(Must contain the words "Limited Liability (Company, "L.E.C., or LEC. /			
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited	Liability Com	ipany i	s:
Principal Office Address:	Mailing Address:			
7901 4th St N STE 300, St Petersburg,	7901 4th St N STE 300, St	Petersburg,		
FL 33702	FL 33702			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r Northwest Registered Agent L Name 7901 4th St N STE 300 Florida street address (P.C.)	egistered agent are: LC e			
St. Petersburg	FL 33702			
City	Zip			
	acity. I further agree to com	ply with the pri and I am famil	ovisior iar wil	ns of all th and
		J. STATE	6: 15	مفته

ARTICLE IV-

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

'AMBR" = Authorized Member	
'MGR" = Manager AMBR	Christian Murillo
unor c	Christian Wichilo
AMBR	Tyrese Mcintyre
	
Use attachment if necessary)	
Use attachment if necessary)	
•	
Use attachment if necessary) LE V: Other provisions, if any.	
•	
LE V: Other provisions, if any.	
•	Con
LE V: Other provisions, if any.	G
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am awament to the Department of State constitutes a third degree
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu	an authorized representative of a member with section 605,0203 (1) (b), Florida Statutes, I am awa
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Christian Murillo	an authorized representative of a member with section 605,0203 (1) (b), Florida Statutes, I am awa

STATE