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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:



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12/28/23--01026--019 **185.00

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SECRETARY OF STATE

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COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: JDO HALL	lting Elorida Limited Com	pany)	
The enclosed Articles of Conversion, Article Business Entity" into a "Florida Limited Lia	es of Organization, and bility Company" in ac	d fees are submitted to core cordance with s. 605.1045	ivert an "Other 5, F.S.
Please return all correspondence concerning	this matter to:		
(Contact Person) JOO HALLIUS L. (Firm/Company) 5479 Pin/Chilist DC (Address) Sinus Hill, Fl 346 (City, State and Zip Code) The Cleloc Gmail. C E-mail Address: (to be used for future annual rep			23 DEC 28 AM 1: 47 SECRETARY OF STAT
For further information concerning this matt	_	- / -	5.00
(Name of Contact Person)		time Telephone Number)	
Enclosed is a check for the following amoundollars and drawn on a bank located in the U	nt: (All checks process Juited States)	sed by this office must be	payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$ \$150.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327	New Divis	t Address: Filing Section ion of Corporations Centre of Tallahassee	

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

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:
(Enter-Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of $\frac{F}{I}$, $\frac{F}{I}$ or $\frac{F}{I}$ (Enter state or if a non-1/2 entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
on 1-33-3023 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
JOO HAULING 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 127th day of February	20_2//
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: Divery D. Olle	1. DE Title: President/Owner
Signature(s) on behalf of Other Business Entity:	
Signature: 11: 11: 12: 12: 12: 12: 12: 12: 12: 12	
Printed Name: June y 11. 10/10	Title: Plesident/ownil
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	Title
Printed Name:	
Signature:Printed Name:	
Signature:Printed Name:	Title:
is filled Name.	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership;
All others: Signature of an authorized person.	
Pees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
JOD HAW	Ini LLC	
(Must contain the words "Limited Liability	· · · · · · · · · · · · · · · · · · ·	
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
5479 PINCHURSTON	Sime	
7977-3 14W7-F6 576C6		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the registration Name 5479 Pinch Florida street address (P.O. B. Sound H. I. C. City.	gistered agent are: Ole Secretary Secreta	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limite this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of a serformance of my duties, and I am familiar with analystered agent as provided for in Chapter 605, F.S	all
Registered Agent's Signa	ature (REQUÍRED)	

(CONTINUED)

ARI	 	
73 D. I	 	1 V

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	JIMMY D. 1911e 5479 PINE hurse Dr.		
	Spring Hill, Fl.34606	<u>, </u>	
(Use attachment if necessary)		SE	23
ARTICLE V: Other provisions, if any.		CRETAR) DEC 2β
		— <u>F</u>	<u> </u>
			
REQUIRED SIGNATURE	11.1	JAIE 31VI	1:47
This document is executed in accordance w	n authorized representative of a member ith section 605.0203 (1) (b), Florida Statutes, I am ent to the Department of State constitutes a third de	aware that	; Y
Jimmy D. U	9/le		
	ed or printed name of signee		
	Filing Fees		
C175 AA kiling Ree for Articles of (Organization and Designation of Regist	cered An	ent

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