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(F	Requestor's Name)	
	Address)	
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(0	City/State/Zip/Phone #)	
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☐ PICK-UP	☐ WAIT	MAIL
(É	Business Entity Name)	
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(L	ocument Number)	
Certified Copies	Certificates of	Status
Consid Instructions to	- Filler Officer	
Special Instructions to	o Filing Oπicer:	
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Office Use Only



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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 Plumbing of Mechanical, LLC (Enter Name of Other Business Entity)	cles of (Conversio	on is:
2. The "Other Business Entity" is a LLC #M2300000 7831 (Enter entity type. Example: corporation, limited partnership, general partnership, comp	ion law o	r business	trust, etc.)
First organized, formed or incorporated under the laws of Louistana (Enter state, or if a non-U.S. entity, the	e name o	f the count	 ry)
(date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Company as set forth in the attached Art Aspect Plumbing a Mechanical, LLC (Enter Name of Florida Limited Liability Company)	icles of	Organiz	ation:
4. If not effective on the date of filing, enter the effective date: 2/1/24 (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.	0 calen 2 will not	dar days be listed a	after s the
5. The plan of conversion has been approved in accordance with all applicable statutes.	<u> </u>	202	,
 The "Converted or Other Business Entity" has agreed to pay any members having apprais which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	al rights	the amou	int to
	7: .T	AT 6: 38	

Signed this 5th day of January Signature of Authorized Representative of	Limited Liability Composition
Signature of Authorized Posses	/ / / .
Printed Name: Erro Soniar	7.00
···	Ittle: Member
Signature(s) on behalf of Other Pusing B.	
Signature:	(555 Selow for required signature(s)]
Printed Name: Eric Sanna	
Signature: LJ A - Printed Name: Eric Sonica	Title: member
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	
Signature: Printed Name: Signature:	Title:
Signature:	
Signature:	Title:
Signature:	
Printed Name:	77
Signature: Printed Name:	
Printed Name:	Title:
LF10F10A CArporation.	
Ignature of Chairman Vice Chair	or Office.
Directors or Officers have not been selected, an I	DCOPPORATOR must simu
Florida Conoral Park	resoporator must sign.
- torida General Partnership or Limited Line	lity Partnaught
gnature of one General Portner	ncy rarthersnip:
Florida General Partnership or Limited Liabi gnature of one General Partner.	
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Florida Limited Partnership or Limited Liabil natures of ALL General Partners. others: nature of an authorized person. S: Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy:	\$25.00 \$125.00 \$30.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	a.
The many company is	S.
A spect Plumbing & Mec (Must contain the words "Limited Liabil	Hanvect, LLC
ARTICLE II - Address	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Clerment Fl 34711	PUBOX 120751 Clermont Fl. 34712
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 re	
Eric Sonier Name	
Name	
4249 Favo Man	
Florida street address (P.O.	Box NOT acceptable)
<u>C-lermont</u> City	
City	Zip
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper with	nccept service of process for the above stated limited his certificate. I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 605, F.S.
Left of	JA.
Registered Agent's Signati	ure (REQUIRED)

(CONTINUE	(D)
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ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MCR" = M	Name and Address:
"MGR" = Manager AMBR Authorized Member Authorized Member	Donna Sonier 1249 Faun Mendows Circle Clermont Fl 34711 Donna Sonier 1249 Faun Mendous Circle Clermont Fl. 34711
(Use attachment if necessary)	
TICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
	2824
as provided for in s.817.155, F.S.	horized representative of a member ction 605.0203 (1) (b). Florida Statutes. I am aware that he Department of State constitutes a third degree felony
Fre Sonier	
Eric Sonier Typed or	printed name of signee Signee
\$ 30.00 Filing Fee for Articles of Orga \$ 30.00 Certified Copy (Optional)	Filing Fees nization and Designation of Registered Agent S 5.00 Certificate of Status (Optional)