# L24000124129

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Linuty Marine)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





600423777416

02/20/24-01025-022 \*\*185.00

SECRETARY OF STATE

J18/24



COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT:

Environmental Health & Safety Services, LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Jeannett Cavalieri

(Contact Person)
Environmental Health & Safety Services, LLC

(City, State and Zip Code)

jc@ehssconsulting.com

Kissimmee, FL 34746

160 Durham Circle

E-mail Address: (to be used for future annual report notifications)

(Firm/Company)

(Address)

For further information concerning this matter, please call:

Jeannett Cavalieri at ( 209 ) 815-6226

(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☐ \$150.00 Filing Fees ☐ \$155.00 Filing Fees (\$25 for Conversion and Certificate of and C

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 Tallahassee, FL 32314 Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

& \$125 for Articles

of Organization)

#### 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

les of Conversion is:
<u>_</u> ,
on law or business trust, etc.
on law or basiness wast, eve.
e name of the country)
ticles of Organization:
90 calendar days after te will not be listed as the
isal rights the amount to SECRETARY SECRETARY

Signed this 13th day of February	_ 20 <u> 24 </u>	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Occ. Printed Name: Jeannett Cavalieri	Title: CEO	
Signature(s) on behalf of Other Business Entity:		
Signature: James Avalieri Printed Name: Jeannett Cavalieri	Title: CEO	
Signature:Printed Name:	Title:	
Signature: Printed Name:		
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:		
Printed Name:	_ Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.  If Florida General Partnership or Limited Liability Signature of one General Partner.	corporator must sign.	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		
Fees:	SECRETARE 20	-
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

ARTICLE 1 - Nan				ABILITI COMI ANI
The name of the Li	mited Liability Company i	s:		
Environmental Heal	th & Safety Services, LLC			
	st contain the words "Limited Liab	ility Company,	'L.L.C.," or "LLC."	<del>)</del>
ARTICLE II - Ad		nringinal of	fice of the Lim	ited Liability Company is:
The maining addres	s and street address of the	ринстратот	nee of the Emi	ned Elaointy Company is.
Principal Office A	ddress:	<u>Mailing</u>	<u> Address:</u>	
3941 Holly Drive		160 Duri	nam Circle	
Suite G		Kissimm	ee, FL 34746	
Tracy, CA 95304	·			<del></del>
(The Limited Liability Cobusiness entity with an a	egistered Agent, Register ompany cannot serve as its own Registive Florida registration.)	gistered Agent. '	You must designate	an individual or another
The name and the I	Florida street address of the	e registered	agent are:	
	Jeannett C	Cavalieri		
	Nai	me		
	160 Durha	m Circle		
	Florida street address (P.	O. Box <u><b>NO</b></u>	T acceptable)	
	Kissimmee	FL	34746	
	City		Zip	
liability compo registered agent o statutes relating	any at the place designated and agree to act in this cape to the proper and complete ligations of my position as the complete ligation and the complete light	in this certifacity. I furthe performan	ficate, I hereby her agree to conce of my duties, gent as provided	nply with the provisions of all , and I am familiar with and I for in Chapter 605, F.S
	Registered Agent's Si (CONTI		QUIKED)	SECRETARY OF ST

#### ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Jeannett Cavalieri
	160 Durham Circle
	Kissimmee, FL 34746
AMBR	Shawn Cavalieri
	1031 6Th Street
	Ripon, CA 95366
(Use attachment if necessary)	
(=+	
TICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
() Ouronal ()	a Vat
Signature of a member or	an authorized representative of a member
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware that
any false information submitted in a docu	ment to the Department of State constitutes a third degree felon
as provided for in s.817.155, F.S.	
Jeannett Cavalieri	
Ту	ped or printed name of signee
	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)

ECKETAN DE ST



02/13/2024

Florida Department of State **New Filing Section Division of Corporations** PO Box 6327 Tallahassee, FL 32314

RE: Affidavit of Name Release

I am writing this letter to ask that the LLC name, Environmental Health & Safety Services, LLC, be released for filing. The name is my company name, and I wish to do a conversion to transfer it from Wyoming to Florida. I did the process incorrectly the first time, and I have dissolved document number L24000000204.

The federal tax id for my company is 26-4253647.

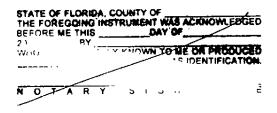
Please let me know if you need anything else.

Thank You,

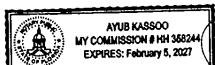
Jeannett Cavalieri, CEO ic@ehssconsulting.com

209-815-6226

FLALA C146-432-70-959-6



AS IDENTIFICATION



### Electronic Articles of Organization For Florida Limited Liability Company

L24000000204 FILED 8:00 AM December 21, 2023 Sec. Of State tscott

#### Article I

The name of the Limited Liability Company is:

ENVIRONMENTAL HEALTH & SAFETY SERVICES, LLC

2/12/24 dissolution of uc-done

#### Article II

The street address of the principal office of the Limited Liability Company is:

3941 HOLLY DRIVE SUITE G TRACY, CA. 95304

The mailing address of the Limited Liability Company is:

160 DURHAM CIRCLE KISSIMMEE, FL. 34746

#### **Article III**

The name and Florida street address of the registered agent is:

JEANNETT CAVALIERI 160 DURHAM CIRCLE KISSIMMEE, FL. 34746

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.

Registered Agent Signature: JEANNETT CAVALIERI

SECRETARY OF STATE

EIN- 26-4253647

## STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

#### **Environmental Health & Safety Services, LLC**

is a

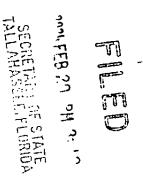
#### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **February 7, 2009**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2009-000565721**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 12th day of February, 2024 at 8:37 PM. This certificate is assigned ID Number 069527020.

Secretary of State



Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.