L24000377000

(Red	questor's Name)		
(Add	dress)		_
(100)	dress)		_
(Add	itess)		
(City	//State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
· /Dus	siness Entity Nar		_
(Bus	siness Entity Mar	ne)	
(Doc	cument Number)		_
Certified Copies	Certificates	s of Status	
	•		
			_
Special Instructions to F	Filing Officer:		1
			1
			1
			1
			1
<u> </u>	-		J

Office Use Only



100425202041

03/11/24--01003--010 **150.00

10 C Dr.



April 2, 2024

MIGUEL A QUILON 423 MISSISSIPPI AVE SAINT CLOUD, FL 34769 US

SUBJECT: QUIJOTE SERVICE, INC

Ref. Number: W24000052671

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

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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

Letter Number: 024A00007051

KAIN COSTELLO Regulatory Specialist II New Filing Section

COVER LETTER

TO: New Filing Section Division of Corpora	itions			
SUBJECT: QUIJOTE SERV	VICE, INC			
		ilting Florida Limi	ted Com	pany)
				fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all correspond	lence concerning	this matter to:		•
QUILON, MIGUEL A				
(Cor	itact Person)		-	
QUIJOTE SERVICE, INC				
(Fire	n/Company)		_	
423 MISSISSIPPI AVE				
(Address)		-	
SAINT CLOUD, FL 34769				
(City, Sta	ate and Zip Code)		-	
QUIJOTESERVICE@GMAIL.	СОМ			
E-mail Address: (to be used to	for future annual rep	ort notifications)	-	
For further information con	cerning this mat	ter, please call:		
MIGUEL A, QUILON		_at (<u></u>	34664	48
(Name of Contact Perso	on)	(Area Code	(Dayt	ime Telephone Number)
Enclosed is a check for the dollars and drawn on a bank	_	•	rocesse	ed by this office must be payable in US
	55.00 Filing Fees ertificate of	S180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323			New F Division The Co	Address: iling Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

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: QUIJOTE SERVICE, INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
05/13/2015 on .
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
QUIJOTE SERVICE, 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.)
<u>Note:</u> 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 <u>04</u> day of <u>MARCH</u>	20
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:	to the state of th
Signature of Authorized Representative: Printed Name: QUILON, MIGUEL A	Title: AMBR
Signature(s) on behalf of Other Rusiness Entity:	[See below for required signature(s)]
Signature: Printed Name: QUILON, MIGUEL A	
Printed Name: QUILON, MIGUEL A	Title: AMBR
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In	
If Florida Canaral Partnership or Limited Liabil	ita Bantnanskin.
If Florida General Partnership or Limited Liabil. Signature of one General Partner.	tty Farthersing.
If Florida Limited Partnership or Limited Liabil	ity Limitad Partnarchin
Signatures of <u>ALL</u> General Partners.	tty Emitted Farthership.
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:				
QUIJOTE SERVICE, LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address: Mailing Address:				
423 MISSISSIPPI AVE 423 MISSISSIPPI AVE				
SAINT CLOUD, FL 34769 SAINT CLOUD, FL 34769				
The name and the Florida street address of the registered agent are: QUILON, MIGUEL A				
Name				
423 MISSISSIPPI AVE				
Florida street address (P.O. Box <u>NOT</u> acceptable)				
SAINT CLOUD FL 34769				
City Zip				
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 a 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 as provided for in Chapter 605, F.S				

(CONTINUED)

ARTICLE IV-

QUILON, MIGUEL A

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 AMBR	QUILON, MIGUEL A 423 MISSISSIPPI AVE
	SAINT CLOUD, FL 34769
AMBR	BEATO MACHADO, ABRAHAM
	11148 EINBENDER RD ORLANDO, FL 32825
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any. FOR ANY AND LAWFULL PURPOSE.	
REQUIRED SIGNATURE:	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony

Typed 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)

(·)