# L24000386960

(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:

Office Use Only



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#### **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.

SPARTAN LAND CLEARING AND FILL INC (Enter Name of Other	er Business Entity)	
2. The "Other Business Entity" is a	AND CLEARING AND FILL INC	
(Enter entity type, Example: corporation, I	limited partnership, general partnership, common law or business trust, e	(c.)
First organized, formed or incorporated under the	e laws of FLORIDA	
	(Enter state, or if a non-U.S. entity, the name of the country)	
05/2/2018 on .		
(date of organization, formation or incorporation)		
3. The name of the Florida Limited Liability Co	ompany as set forth in the attached Articles of Organization	1:
SPARTAN LAND CLEARING AND FILL LLC		
(Enter Name of Florida Limit	ted Liability Company)	
4. If not effective on the date of filing, enter the	effective date:	
•	f receipt or filed date nor more than 90 calendar days after	r
the date this document is filed by the Florida	Department of State.) applicable statutory filing requirements, this date will not be listed as the	
document's effective date on the Department of State's rec		
5. The plan of conversion has been approved in a	accordance with all applicable statutes.	
	agreed to pay any members having appraisal rights the amount to 1006 and 605.1061-605.1072, F.S.	o
which such members are entitled under 88, 005.		
which such members are entitled under \$5, 003.	•	
which such members are entitled under \$5, 003.	•	••
which such members are entitled under \$5, 003.	2024 AUG ISEUREA TALLAHA	:
which such members are entitled under \$5, 003.	•	· ;

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLELAS			
The name of the L	<b>me:</b> imited Liability Company i	S:	
2,7,2,7,4,11,5,0,1,1,1,2,2			
SPARTAN LAND C	LEARING AND FILL LLC		
		ility Company, "L.L.C.," or "LLC.")	<del></del>
ADTICLEU	1.3		
ARTICLE II - Ad The mailing address		principal office of the Limited	Liability Company is:
			out only of the party of the pa
Principal Office A	Address:	Mailing Address:	
4273 MOHAWK PL		4273 MOHAWK PL	
NAPLES, FL 34112		NAPLES, FL 34112	
			<u> </u>
ARTICLE III - R	egistered Agent, Register	ed Office, & Registered Age	nt's Signature
(The Limited Liability C		gistered Agent. You must designate an in	
The name and the	Florida street address of the	registered agent are:	
	OLODIA BUBAN		
	GLORIA DURAN Nar	me	
	1441	ne	
	4273 MOHAWK PL	0.0.000	
	Florida street address (P.	O. Box NOT acceptable)	
	NAPLES	FL 34112	
	City	Zip	
liability comp registered agent statutes relatin	oany at the place designated and agree to act in this capa g to the proper and complete	to accept service of process for in this certificate, I hereby accacity. I further agree to comply e performance of my duties, and egistered agent as provided for	ept the appointment as wwith the provisions of all ad I am familiar with and
	400		2024 A 2024 A FSECH TALLA
	Registered Agent's Si	gnature (REQUIRED)	AUG 30 ARETARY AHASSE
	(CONTI	NUED)	30 AM III

Signed this 16 day of AUGUST	_ 20 <u></u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	7
Printed Name: GLORIA DURAN	_ little: P
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: 4409	
Printed Name: GLORIA DURAN	Title: P
Signature: Printed Name:	Title
Timed Name.	Title.
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature: Printed Name:	_ Title:
Signature: Printed Name:	Title
Trimed rame.	_ Title.
If Florida Corporation:	0.07
Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

Δ	DT.	ICI	F	$IV_{-}$

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 P	GLORIA DURAN 4273 MOHAWK PL NAPLES, FL 34112	
(Use attachment if necessary)		<b>20</b> 7 TAU
TICLE V: Other provisions, if any.		2024 AUG 30 PSECHE : JRY TALLAHASSE
REQUIRED SIGNATURE:		AM 1: 03 OF STATE E.FLORIDA

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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

GLORIA DURAN

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)