# 124000526592

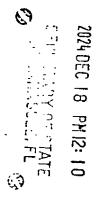
(Re	equestor's Name)	
(Ac	ddress)	
	ddress)	
(A)	idless)	
(Ci	ty/State/Zip/Phone #)	-
	<u></u>	
PICK-UP	☐ WAIT	MAIL
·	usiness Entity Name)	<del> </del>
(DI	isiness Entity Marile)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
	· <del></del>	
Special Instructions to	Filing Officer:	
		ļ
		İ
<u> </u>		





800441218148

12/18/24--01021--008 \*\*150.00



1/

#### **COVER LETTER**

то:	New Filing S Division of C						
SHR	JECT: PERLA	SERVICES					
JUIN	, LC1.		sulting Florida Limi	ted Cor	npany)		
		s of Conversion, Artic o a "Florida Limited L	_				ther
Pleas	e return all corr	espondence concernin	g this matter to:				
WHIT	NEY N STEWAF	RT, PARALEGAL					
		(Contact Person)		-			
FOST	ΓER ESTATE PL	ANNING					
		(Firm/Company)		_		<b>S</b>	
704 E	. MAIN ST					282	
		(Address)		-		- C - FD	
GREI	ENSBURG, INDI	ANA, 47240				2024 DEC 18 PH12: 10  STOLENS Y OF STATE  20	***************************************
	(1	City, State and Zip Code)		-		8	
HKO	2063@COMCAS	T.NET				P	
E-i	mail Address: (to b	e used for future annual re	port notifications)	-		· 百百 2: 1	-
For fu	arther informati	on concerning this ma	tter, please call:			(\$)   (\$)	
WHIT	NEY STEWART		_at (	524-	2606		
	(Name of Conta	act Person)		(Day	ytime Telephone Numb	per)	
		or the following amou a bank located in the	·	roces:	sed by this office m	nust be payable in U	JS
(\$25 fo & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fe Certified Copy, and Certificate of Status		
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection Torporations 17		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahasso N. Monroe Street,	ee	

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:  PERLA SERVICES, INC  Payoxx 25389
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a [INCORPORATION]  (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)
04/08/2024 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:
PERLA SERVICES, 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>13TH</u> day of <u>DECEMBER</u>	20 <u> 24</u>
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Depresentative Mar	ria L. Orteaa
Signature of Authorized Representative: Mar Printed Name: MARIA L. ORTEGA	Title: REGISTERED AGENT
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signatura: Maria I Ortana	
Signature: <u>Maria L. Ortega</u> Printed Name: MARIA L. ORTEGA	Title: REGISTERED AGENT/ PRESIDI
Signature: Hiram Ortega Printed Name: HIRAM ORTEGA	W. VICE PRECIDENT
Printed Name: HIRAM ORTEGA	Title: VICE PRESIDENT
Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name:	Title
rimed Name.	Trite.
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	0.07
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In-	
if Directors of Officers have not been selected, all the	corporator must sign.
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership
Signatures of ALL General Partners.	Control of arthersing.
· · ·	
All others:	
Signature of an authorized person.	
Fees:	(D)
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional)
Certificate of Status.	33.00 (Optional)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:			
PERLA SERVICES, LLC			
(Must contain the words "Li	mited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
3531 17TH AVE SW	3531 17TH AVE		

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

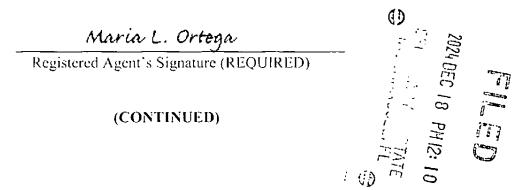
The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

NAPLES, FLORIDA, 34117

MARIA L. ORTEGA	
Na	me
3531 17TH AVE SW	
Florida street address (P	O. Box NOT acceptable)
NAPLES	FL 34117
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 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 as provided for in Chapter 605, F.S.



NAPLES, FLORIDA, 34117

#### **ARTICLE IV-**

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

"MGR" = Manager MANAGING MEMBE  HIRAM ORTEGA  3531 17TH AVE SW NAPLES, FLORIDA, 34117  MANAGING MEMBE  MARIA L. ORTEGA  3531 17TH AVE SW NAPLES, FLORIDA, 34117   MAPLES, FLORIDA, 34117	<u>Title:</u>	Name and Address:	
MANAGING MEMBE  HIRAM ORTEGA  3531 17TH AVE SW  NAPLES, FLORIDA, 34117  MANAGING MEMBE  MARIA L. ORTEGA  3531 17TH AVE SW  NAPLES, FLORIDA, 34117   (Use attachment if necessary)  LE V: Other provisions, if any.	"AMBR" = Authorized Member		
MANAGING MEMBE  MARIA L. ORTEGA  3531 17TH AVE SW  MARIA L. ORTEGA  3531 17TH AVE SW  NAPLES, FLORIDA, 34117   (Use attachment if necessary)  LE V: Other provisions, if any.	"MGR" = Manager		
MANAGING MEMBE  MARIA L. ORTEGA  3531 17TH AVE SW  NAPLES, FLORIDA, 34117   (Use attachment if necessary)  LE V: Other provisions, if any.	MANAGING MEMBE	HIRAM ORTEGA	
MANAGING MEMBE  MARIA L. ORTEGA  3531 17TH AVE SW  NAPLES, FLORIDA, 34117   (Use attachment if necessary)  LE V: Other provisions, if any.		3531 17TH AVE SW	
Use attachment if necessary)  LE V: Other provisions, if any.		NAPLES, FLORIDA, 34117	
(Use attachment if necessary)  LE V: Other provisions, if any.	MANAGING MEMBE	MARIA L. ORTEGA	
(Use attachment if necessary)  LE V: Other provisions, if any.		3531 17TH AVE SW	
(Use attachment if necessary)  LE V: Other provisions, if any.		NAPLES, FLORIDA, 34117	
(Use attachment if necessary)  LE V: Other provisions, if any.			
(Use attachment if necessary)  LE V: Other provisions, if any.			
(Use attachment if necessary)  LE V: Other provisions, if any.			
(Use attachment if necessary)  LE V: Other provisions, if any.		<u> </u>	
(Use attachment if necessary)  LE V: Other provisions, if any.			
LE V: Other provisions, if any.			
	(Use attachment if necessary)		
		( ! . : .	
· 93	CLE V: Other provisions, if any.		
	· · · · · · · · · · · · · · · · · · ·	· 90	

#### **REQUIRED SIGNATURE:**

## Maria L. Ortega

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.

MARIA L. ORTEGA

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)