# P21000070844

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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June 10, 2021

ARLENE GRATE 2621 NW 135TH STREET MIAMI, FL 33167

SUBJECT: MULTIPURPOSE LAWN SERVICE, INC

Ref. Number: W21000002538

We have received your document for MULTIPURPOSE LAWN SERVICE, INC and your check(s) totaling \$105.00. 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.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 221A00011410

#### COVER LETTER

TO: New Filing Section
Division of Corporations

## SUBJECT: MULTIPURPOSE LAWN SERVICE, INC

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Arlene Grate		,	
Contact Person	<del>.</del>	<del>-</del> -	
Multipurpose Lawn Servic	e, LLC	<del></del>	
2621 NW 135th Street		_	
Miami, FL 33167  City, State and Zip Cod	· ·	_	
samuelgrate61@gmail.	com	ītion)	
For further information concerning this matter.  Arlene Grate	please call: at (305	,300	3-4413
Name of Contact Person		ode and	Daytime Telephone Number
Enclosed is a check for the following amount:			
■ \$105.00 Filing Fees U\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filir and Certified C		
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		New F Division The Co 2415 N	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

### Articles of Conversion Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

MULTIPURPOSE LAWN SERVICE, LLC
Enter Name of the Converting Entity
2. The converting entity is a Limited Liability Company
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
irst organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)
November 20, 2020
Enter date "Converting Entity" was first organized, formed or incorporated.
. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
MULTIPURPOSE LAWN SERVICE, INC
Enter Name of Florida Profit Corporation

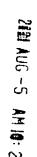
4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

5. If not effective on the date of filing, enter the effective date: 12/11/2020

(The effective date: Communication of the effective date: 12/11/2020) (The effective date: Cannot be prior to nor more than 90 days after 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 will not be listed as the document's effective date on the Department of State's records.



Signed this 11th day of December	. 20
Required Signature for Florida Profit Corporation:	•
Signature of Director, Officer, or, it Directors or Officer	
Printed Name: Arlene Grate Title: Pre	sident
annuariage (Saa Halam for manifed signatura(s))	da partnerships, limited partnerships, and limited liability
Signature: August Signature:	
Printed Name: Samuel Grate	_ <sub>Title:</sub> _Manager
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	_ Title:
Signature;	
Printed Name:	_ Title:
If Florida General Partnership or Limited Liability I Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability I Signatures of <u>ALL</u> General Partners.	imited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Fees:  Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

# ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of	The corporation shall be: MULTIPURPO	OSE LAWN S	ERVICE, INC
ARTICLE The principal	II PRINCIPAL OFFICE  I place of business/mailing address is:		
	Principal street address		Mailing address, if different is:
2621 NW	V 135th Street, Suite 204		
Miami	, FL 33167		
ARTICLE I	III PURPOSE for which the corporation is organized is:		
ANY A	AND ALL LAWFUL BU	SINESS	<del>-</del> ; <del>-</del> ;
			<u> </u>
			· · · · · · · · · · · · · · · · · · ·
ARTICLE 1 The number of	TV SHARES of shares of stock is:	Par Val	ue_
ARTICLE	V OFFICERS AND/OR DIRECTORS		
Name and Ti	Arlene Grate President	Name and Title	Samuel Grate Vice-President
Address: 2621 NW 135th Street Suite 204	2621 NW 135th Street Suite 204	Address:	2621 NW 135th Street Suite 204
	Miami, FL 33167		Miami, FL 33167
Name and Ti	tle:	Name and Title	D:
Address:		Address:	
Name and Ti	tle:	Name and Title	G -5
Address:		Address:	AH AH Z
			<b>-</b>

The name	and Florida street address (P.O. Box NOT	`acceptable) of the registered agent is:
Name:	Arlene Grate	
Address:	2621 NW 135th Street Suite 204	
	Miami, FL 33167	
********* Having,be	**************************************	**************************************
this certifi	cate, I am familiar with and accept the appo	intment as registered agent and agree to act in this capacity
$\mathcal{A}_{l}$	More Mate	12/11/2020
	Required Signature/Registered Agent	Date

ARTICLE VI REGISTERED AGENT