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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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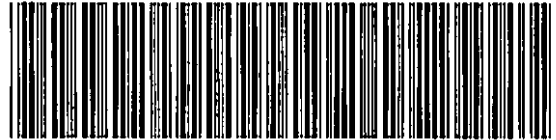
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Articles of Conversion
For
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:

MY LAWN PROS, 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.)

first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on AUGUST 03, 2021
Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:

MY LAWN PROS, 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: MAY 01, 2022

(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.

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Signed this 2nd day of APRIL, 2022

Required Signature for Florida Profit Corporation:

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:



Printed Name: SCHELLY BOYD Title: INCORPORATOR

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s)]

Signature: 

Printed Name: SCHELLY BOYD Title: MANAGER

Signature: 

Printed Name: DANIEL NEGRON Title: MANAGER

Signature: 

Printed Name: JORDAN COUSINO Title: MANAGER

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative

All others:

Signature of an authorized person

Fees:

Articles of Conversion	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy	\$8.75 (Optional)
Certificate of Status	\$8.75 (Optional)

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

ARTICLE I NAME MY LAWN PROS, INC.
The name of the corporation shall be _____

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

1016 WYOMING AVE
ST. CLOUD, FL 34769

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
LAWN CARE

ARTICLE IV SHARES 100,000
The number of shares of stock is: _____

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: SCHELLY BOYD- PRESIDENT
Address: 1016 WYOMING AVE
ST. CLOUD, FL 34769

Name and Title: DANIEL NEGRON- VICE PRESIDENT
Address: 1016 WYOMING AVE
ST. CLOUD, FL 34769

Name and Title: JORDAN COUSINO- VICE PRESIDENT
Address: 1016 WYOMING AVE
ST. CLOUD, FL 34769

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: SCHELLY BOYD
Address: 1016 WYOMING AVE
ST. CLOUD, FL 34769

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

DocuSign
Signature
Required
Shelly Boyd
Required Signature/Registered Agent

4/2/2022
Date

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