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| (Re | questor's Name) | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu: | siness Entity Nam | ne) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to I | Filing Officer: | | | | |
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COVER LETTER

| TO: New Filing Section Division of Corporations | | | | | | |
|---|---|-------------------------------------|--|------------|----------------------|-------|
| SURJECT: BALLENGER LANDO | ARE, IN | С | | | | |
| Name of Re | esulting Florid | a Profit C | orporation | | | |
| The enclosed Articles of Conversion, Articles of I entity into a "Florida Profit Corporation" in accor- | | | | | ollowing eli | gible |
| Please return all correspondence concerning this r | natter to: | | | | | |
| Mark Ballenger | | | | | | |
| Contact Person | *************************************** | _ | | | | |
| Ballenger Landcare | | | | | | |
| Firm/Company | | | | | | |
| 822 N A1A Hwy, Ste 310 | | | | | | |
| Address | | _ | | | | |
| Ponte Vedra Beach, FL 3208 | 32 | | | | | |
| City, State and Zip Code | | _ | | | | |
| markb@ballengerlandcare.co | | _ | | | | |
| E-mail address: (to be used for future annual | report notific | ation) | | | | |
| For further information concerning this matter, ple | ease call: | | | | | |
| Stacie Ramsey | _{it (} 727 | ₎ 520- | -1082 | | | |
| Name of Contact Person | Area C | ode and I | Daytime Teleph | one Number | | |
| Enclosed is a check for the following amount: | | | | | | |
| <u> </u> | □\$113.75 Filinand Certified C | Гору Н | □\$122.50 Filir Certified Copy, Certificate of S | and | 202 TAL | |
| Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | New Fill Division The Center 2415 N | Address: ling Section n of Corporation ntre of Tallaha . Monroe Streetssee, FL 3230. | issee 🦂 | 2024 DEC 13 PH 2: 10 | |

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:

| BALLENGER LANDCARE, LLC 123(YY) 557274 |
|---|
| Enter Name of the Converting Entity |
| 2. The converting entity is a (Finter entity type. Example: limited liability company limited partnership |
| (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 (Enter state, or if a non-U.S. entity, the name of the country) |
| (Enter state, or if a non-U.S. entity, the name of the country) 12/1/2024 |
| Enter date "Converting Entity" was first organized, formed or incorporated. |
| 3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> : BALLENGER LANDCARE, 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: (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florid 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 6 | _day of December | 20 | | | |
|--------------------|---|---|--|-----------------|-------------------|-------------|
| | | or Florida Profit Corporation: | | | | |
| Signatu | re of Director, | Officer, or, if Directors or Office | ers have not been selected, a | an Incorporator | r: | |
| | | • | | | | |
| compa | nies: ISee belo | on behalf of Converting Flor w for required signature(s).] | , | | | <u>lity</u> |
| Signatu Printed | Name: MA | an Eller I | Title: Portego led | | | |
| | | | | | | |
| Printed | Name: | | Title: | | _ | |
| Signatu | ire: | | | | _ | |
| Printed | Name: | | Title: | | _ | |
| Signati | ire: | | | | _ | |
| Printed | Name: | | Title: | | | |
| Signati | ire: | | | | _ | |
| Printed | Name: | | Title: | | _ | |
| - | | | | | | |
| Printed | Name: | | Title: | | _ | |
| If Flor Signate | ida General Pa are of one Gene | artnership or Limited Liability eral Partner. | Partnership: | | | |
| If Flor Signatu | ida Limited Pa ires of <u>ALL</u> Go | artnership or Limited Liability neral Partners. | Limited Partnership: | | | |
| If Flor Signatu | ida Limited Liure of a Membe | iability Company: or or Authorized Representative. | | | | |
| All oth Signati | iers: ure of an author | rized person. | | | TALL! | - |
| Fees: | Articles of Co Fees for Flori Certified Cop Certificate of | da Articles of Incorporation: y: | \$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional) | į | TALLAHASSEE, FLIE | FILED |

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

| The name of the | ne corporation shall be: | CANDCARE, II | NC |
|----------------------------|---|-----------------|--------------------------|
| ARTICLE II The principal p | PRINCIPAL OFFICE place of business/mailing address is: | | |
| | Principal street address | Mailing ac | ddress, if different is: |
| 822 N A | 1A Hwy, Ste 310 | | |
| Ponte V | edra Beach, FL 32082 | | |
| | or which the corporation is organized is: ape and irrigation mainten | ance | |
| | | | |
| ARTICLE IN | SHARES 1,000 | | |
| ARTICLE V | OFFICERS AND/OR DIRECTORS | | |
| Name and Tit | Mark A Ballenger II. President | Name and Title: | |
| Address: | 822 N A1A Hwy, Ste 310 | Address: | 202 77 |
| | Ponte Vedra Beach, FL 32082 | | 10EC |
| Name and Tit | le: | Name and Title: | |
| Address: | | Address: | FE STE |
| Name and Tit | le: | Name and Title: | |
| Address: | | Address: | |
| | | | |

ARTICLE VI REGISTERED AGENT

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

Name:

BAMCO, Inc

Address:

822 N A1A Hwy, Ste 310

Ponte Vedra Beach, FL 32082

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

Required Signature/Registered Agent