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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 597523 8284021

AUTHORIZATION :

COST LIMIT : \$ 150.0

ORDER DATE : August 16, 2024

ORDER TIME : 3:0 PM

ORDER NO. : 597523-005

CUSTOMER NO: 8284021

DOMESTIC AMENDMENT FILING

NAME: DS LANDSCAPE & MAINTENANCE,

INC.

EFFECTIVE DATE:

XX CONVER/INCORP 4
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER'S INITIALS:

COVER LETTER

TO: New Filing Section Division of Corporation	ns	
SUBJECT: DS Landscape & M	faintenance, LLC	
Jobo Bolton	(Name of Resulting Florida Lim	mited Company)
		ation, and fees are submitted to convert an "Other any" in accordance with s. 605.1045, F.S.
Please return all correspondence	ce concerning this matter to:):
(Contact	Person)	_
(Firm/Co	Ompany)	
100 S.E. 3rd Avenue, Suite 1850		
•	ress)	· · · · · · · · · · · · · · · · · · ·
Fort Lauderdale, FL 33394	nd Tin Coda)	<u> </u>
(City, State a	nd Zip Code)	
E-mail Address: (to be used for f	uture annual report notifications)	<u> </u>
For further information concer	ning this matter, please call:	
(Name of Contact Person)	at (at Code	de) (Daytime Telephone Number)
•	lowing amount: (All checks	s processed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.0 and Certif	0 Filing Fees S180.00 Filing ficate of and Certified Co	
Mailing Address: New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ns	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

INHS11 (7/17)

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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 DS Landscape & Maintenance, Inc.	of the Articles of Conversion is:
(Enter Name of Other Business Entity)	 -
2. The "Other Business Entity" is a corporation (Enter entity type. Example: corporation, limited partnership, general partnership.	20
(Enter entity type. Example: corporation, limited partnership, general partnership,	ership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U	J.S. entity, the name of the country)
03/30/1995 on .	. , annag & an 81 b mp 84
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the att	ached Articles of Organization:
DS Landscape & Maintenance, 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 n 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 requirer document's effective date on the Department of State's records.	nents, this date will not be listed as the
5. The plan of conversion has been approved in accordance with all applicab	le statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members ha	ving appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

\$5.00 (Optional)

Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limit	ied Liability Company	715.			
DS Landscape & Mainte	enance, LLC				
(Must co	ontain the words "Limited Lia	ibility Company, "L.L.C.," or "LLC.")			
ARTICLE II - Addre The mailing address at		e principal office of the Limited L	iability Company is:		
Principal Office Add	ress:	Mailing Address:			
116 NORTH CYPRESS	S WAY	116 NORTH CYPRESS WAY			
CASSELBERRY, FL 32707		CASSELBERRY, FL 32707			
CASSELBERRY, FL 32		CASSELDERNI, FL 32/07			
ARTICLE III - Regis (The Limited Liability Compa- business entity with an activ	stered Agent, Registe any cannot serve as its own Ri e Florida registration.)	ered Office, & Registered Agent' egistered Agent. You must designate an indiv			
ARTICLE III - Regis (The Limited Liability Compa- business entity with an activ The name and the Flor	stered Agent, Registe any cannot serve as its own Ri e Florida registration.) rida street address of th	ered Office, & Registered Agent' egistered Agent. You must designate an indiv	ridual or another		
ARTICLE III - Regis (The Limited Liability Compa- business entity with an activ The name and the Flor	stered Agent, Registe any cannot serve as its own Ri e Florida registration.) rida street address of the dam Silverman	ered Office, & Registered Agent' egistered Agent. You must designate an indiv	ridual or another		
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ARTICLE III - Regis (The Limited Liability Compa- business entity with an activ The name and the Flor Ac	stered Agent, Registe any cannot serve as its own Re e Florida registration.) rida street address of the dam Silverman No	ered Office, & Registered Agent' egistered Agent. You must designate an individue registered agent are:	ridual or another		
ARTICLE III - Regis (The Limited Liability Compa business entity with an activ The name and the Flor Active 10	stered Agent, Registe any cannot serve as its own Re e Florida registration.) rida street address of the dam Silverman No	ered Office, & Registered Agent's egistered Agent. You must designate an individue registered agent are: ame	ridual or another		

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Name and Address:		
DAVID R. STAUFFER		
4010 Saxon Drive		
New Smyrna Beach, FL 32169		
ANDRE BIBEAU		
4508 Doris Drive		
New Smyrna Beach, FL 32169		
		
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		<u> </u>
	DAVID R. STAUFFER 4010 Saxon Drive New Smyrna Beach, FL 32169 ANDRE BIBEAU 4508 Doris Drive New Smyrna Beach, FL 32169	DAVID R. STAUFFER 4010 Saxon Drive New Smyrna Beach, FL 32169 ANDRE BIBEAU 4508 Doris Drive

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.

DAVID R. STAUFFER

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)