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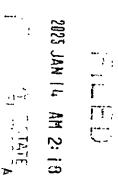
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1-14-25 W24000149234

Office Use Only



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10/29/24--01011--008 **155.00





November 4, 2024

ZAKIYA CLARK VIKLEAN CLEANING SERVICES 4804 ELDERWOOD LN ORLANDO, FL 32808 US

SUBJECT: VIKLEAN CLEANING SERVICES LLC

Ref. Number: W24000149234

We have received your document for VIKLEAN CLEANING SERVICES LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the jurisdiction and the date on which the converting entity was first created or otherwise came into being.

Please return 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.

Crystal S Hightower Regulatory Specialist II

Letter Number: 424A00024230

STATE A

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 Artic Viklean Cleaning Services	les of Conversion is:
(Enter Name of Other Business Entity)	_∙
2. The "Other Business Entity" is a general partnership to the partner	
2. The "Other Business Entity" is a	on law or business trust, etc.)
First organized, formed or incorporated under the laws of	
	e name of the country)
10/3/2024 OII	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Art	icles of Organization:
Viklean Cleaning 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 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 dadocument's effective date on the Department of State's records.	·
5. The plan of conversion has been approved in accordance with all applicable statutes.	
 The "Converted or Other Business Entity" has agreed to pay any members having appra which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	isal rights the amount to

Signed this 23 day of October	20 24
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: ZaKiya Clark	n Cark
Printed Name: ZaKiya Clark	Title: owner/ AMBR
Signature(s) on behalf of Other Business Entity: Signature:	[See below for required signature(s)]
Printed Name:ZaKiya Clark	Title: owner/ AMBR
Signature: Signature: Chandra Clark	
Printed Name: Chandra Clark	Title: AMBR
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir	
If Florida General Partnership or Limited Liabil Signature of one General Partner.	itv Partnership:
If Florida Limited Partnership or Limited Liabil Signatures of <u>ALL</u> General Partners.	ity Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited	Liability Company is:		
Viklean Cleaning Services (Must conti		Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address The mailing address and		ncipal office of the Limite	ed Liability Company is:
Principal Office Addre	SS:	Mailing Address:	
4804 Elderwood Ln, Orland	do, Florida, 32808	4804 Elderwood Ln, Orlan	do, Florida, 32
(The Limited Liability Company business entity with an active F The name and the Florid	cannot serve as its own Registe forida registration.) a street address of the re	Office, & Registered Agred Agent. You must designate an	
ZaKiy	/a ClarkName		
	Name		
	Elderwood Ln rida street address (P.O.	Roy NOT accontable)	
Orlan			
	City	FL ³²⁸⁰⁸ Zip	
liability company a registered agent and a statutes relating to th	t the place designated in gree to act in this capaci we proper and complete p	this certificate, I hereby ac ty. I further agree to comp	ply with the provisions of al and I am familiar with and
	Zurya Clark		208
	Registered Agent's Signa	ature (REQUIRED)	2025 JAN 14
	(CONTINU	JE D)	

ARTICLE IV-

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

Name and Address:
ZaKiya Clark
4804 Elderwood Ln. Orlando, Florida, 32808
Chandra Clark
4804 Elderwood Ln, Orlando, Florida, 32808
28
202 5 JAM
——————————————————————————————————————
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<u>-</u>

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.

ZaKiya Clark			

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)