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(Re	equestor's Name))
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations					
SUBJECT: Cintas Services LLC					
(Name of Resu	ılting Florida Lir	nited Com	pany)		
The enclosed Articles of Conversion, Article Business Entity" into a "Florida Limited Lia	ibility Compa	ny" in ac			Other
Please return all correspondence concerning	this matter to):			
Filings Team					
(Contact Person)					
Northwest Registered Agent LLC		_			
(Firm/Company)					
7901 4th St N STE 300					
(Address)					
St. Petersburg, FL 33702					
(City, State and Zip Code)					
flfilings@northwestregisteredagent.com					
E-mail Address: (to be used for future annual rep	ort notifications)			
For further information concerning this mat	ter, please cal	1:			
Filings Team	at (_509	768-2	2249		
(Name of Contact Person)	(Area Co	de) (Day	time Telephone Number)		
Enclosed is a check for the following amoundollars and drawn on a bank located in the U		s process	ed by this office must be pay	able in	US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ■ \$155.00 Filing Fees and Certificate of Status	□\$180.00 Fili and Certified C		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status	25 J	<u></u>
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		New I Divisi The C 2415	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	JAN 28 AM 3: 01	SHOTTE STATE

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 Articles of Cintas Services LLC	of Conversion is:	
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a Limited Liability Company		
(Enter entity type. Example: corporation, limited partnership, general partnership, common la	iw or business trust, e	:tc.)
First organized, formed or incorporated under the laws of Washington DC		
(Enter state, or if a non-U.S. entity, the nar	me of the country)	
on 06/19/2023		
(date of organization, formation or incorporation)		
3. The name of the Florida Limited Liability Company as set forth in the attached Article	s of Organization	n:
Cintas 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 90 centre 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 we document's effective date on the Department of State's records.		
5. The plan of conversion has been approved in accordance with all applicable statutes.	25 -	
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	rights the amount	to n
	AX OF	
	F ST 3:	
	10 :	
	Z. Y.O	

Signed this 20th	day of January	_ 20 <u>25</u>
Signature of Aut	horized Representative of Limi	ted Liability Company:
	· · · · · · · · · · · · · · · · · · ·	aro Cintas Canto
Signature of Auth	orized Representative:	West Circust Corce
Printed Name: Alva	aro Cintas Canto	Title: AMBH
Signature(s) on b	ehalf of Other Business Entity:	[See below for required signature(s)]
Signatura:	alunna Cintano	Canto Title: AMBR
Printed Name: AlVa	aro Cintas Canto	Title: AMBR
r tilled (valie.		1100.
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
~.		
Signature:		
Printed Name:		I itle:
Signatura		
Drinted Name:		Title:
Timed Name		
Signature:		
Printed Name:		Title:
		
If Florida Corpor		
	man, Vice Chairman, Director, or	
If Directors or Off	icers have not been selected, an In	corporator must sign.
10 Et	150	. D
Signature of one C	al Partnership or Limited Liabili	ty Partnership:
Signature of one C	deneral rarther.	
If Florida Limite	d Partnership or Limited Liabili	ty Limited Partnershin:
	General Partners.	<u> </u>
9.B		
All others:		
Signature of an au	thorized person.	
<u>Fees:</u>		
		¢25.00
	f Conversion:	\$25.00
	lorida Articles of Organization:	\$125.00
Certified (- ·	\$30.00 (Optional)
Certificate	e of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Cintae Sanione III			
Cintas Services LLC		liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ao The mailing addre		he principal office of the Limited Liability Company	is:
Principal Office	Address:	Mailing Address:	
1717 N Street NW	STE 1	7901 4th St N STE 300	
Washington, DC 20	036	St. Petersburg, FL 33702	
•	active Florida registration.) Florida street address of Northwest Registered A	the registered agent are:	
		Name	
	7901 4th St N STE 300		
	Florida street address	(P.O. Box <u>NOT</u> acceptable)	
	St. Petersburg	FL 33702	
	City	Zip	
liability com	pany at the place designa	and to accept service of process for the above stated lin tted in this certificate. I hereby accept the appointment capacity. I further agree to comply with the provisions	as

of all

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager AMBR	Cintas Canto, Alvaro	
AWBIT	7901 4th St N STE 300	
	St. Petersburg, FL 33702	
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Use attachment if necessary)		1 G: 01
one undermient in necessary,		
LE V: Other provisions, if any.		
	<u> </u>	
REQUIRED SIGNATURE:	0 ' 4 /	
	SMATT	
	0	
Signature of a member of	r an authorized representative of a membe	r
This document is executed in accordance	ce with section 605,0203 (1) (b), Florida Statutes, I am	aware
any false information submitted in a doc	cument to the Department of State constitutes a third de	egree fe
as provided for in s.817.155, F.S.		
as provided for in s.817.155, F.S. Nat Smith		
as provided for in s.817.155, F.S. Nat Smith	yped or printed name of signee	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)