

L22000492575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

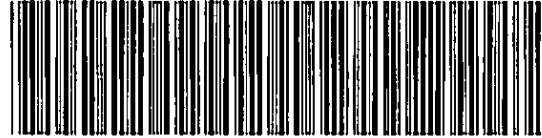
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM
DEC 22 2022

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Filing Cover Sheet

To: Florida Division of Corporations

From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 11/21/2022

Trans#: 1342526

Entity Name: EAST COAST MECHANICAL, INC. CONVERTING INTO EAST COAST MECHANICAL, LLC

Articles of Incorporation ()

Articles of Amendment ()

Articles of Dissolution ()

Annual Report ()

Conversion (XXX)

Fictitious Name ()

Foreign Qualification ()

Limited Liability ()

Limited Partnership ()

Merger ()

Reinstatement ()

Withdrawal / Cancellation ()

Other ()

Partnership Registration ()

STATE FEES PREPAID WITH CHECK #3047 FOR \$ 100.00

PLEASE RETURN:

Certified Copy (XXX) Plain Stamped Copy ()

Good Standing () Certificate of Fact ()

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS AND BUSINESSES
FLORIDA

22 NOV 21 PM 11:35

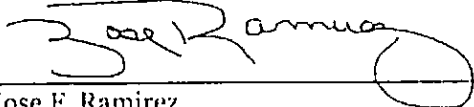
Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

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 the Articles of Conversion is: East Coast Mechanical, Inc.
2. The "Other Business Entity" is a corporation first organized, formed or incorporated under the laws of Florida on October 9, 1989.
3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**: East Coast Mechanical, LLC.
4. Conversion shall be effective as of the date of filing by the Florida Department of State.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

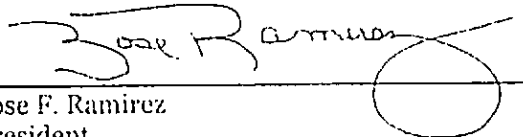
Signed this 21st day of NOVEMBER, 2022.

Signature of Authorized Representative of Limited Liability Company:



Jose F. Ramirez
President/Manager
East Coast Mechanical, LLC

Signature on behalf of Other Business Entity:



Jose F. Ramirez
President
East Coast Mechanical, Inc.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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DIVISION OF CORPORATIONS
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ARTICLE I – Name:

The name of the Limited Liability Company is:

East Coast Mechanical, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1500 North High Ridge Road
Boynton Beach, FL 33426

Mailing Address:

1500 North High Ridge Road
Boynton Beach, FL 33426

ARTICLE III -

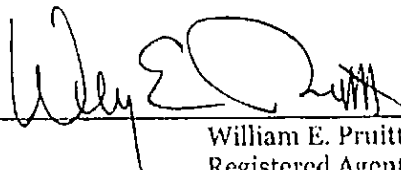
The Company is formed for all lawful purposes.

ARTICLE IV – Registered Agent, Registered Office, & Registered Agent’s Signature:

The name and the Florida street address of the registered agent are:

William E. Pruitt
2475 Mercer Avenue, Suite 101
West Palm Beach, FL 33401

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.



William E. Pruitt
Registered Agent

ARTICLE V –

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

Title:

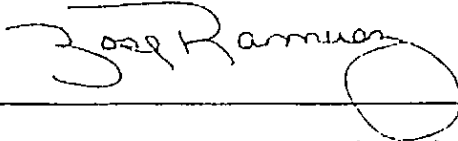
Name and Address:

MGR

Jose F. Ramirez
1500 North High Ridge Road
Boynton Beach, FL 33426

RECEIVED
SECTION OF THE ATTORNEY
22 NOV 21 PM 11:35
STATE OF FLORIDA

REQUIRED SIGNATURE:



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.

Jose F. Ramirez

Typed or printed name of signee

12/21/22 DEPOSITS/PAYMENTS DETAIL SCREEN 9:49 AM
DEPOSIT NUMBER : 12/07/22 60045 002 DEPOSIT TYPE : CER
ACCOUNT NUMBER : DEPOSIT AMOUNT : 4.86
USER ID : WEBCERT DEPOSIT BALANCE : 0.00
DEBIT MEMO DATE : VOID DATE :
TRACKING NUMBER: 2742109693CU DOCUMENT NUMBER: L22000492575
REQUESTOR : LEDGER DATE : 12/07/22
SUB ACCT NUMBER:

CATEGORY	DESCRIPTION	AMOUNT
CERT	CERTIFICATION	4.86

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. MGR/MEM, 4. EVENTS
7. LIST, 8. NEXT BY LIST, 9. PREV BY LIST

ENTER SELECTION AND CR: