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(Re	equestor's Name)	
(Ac	idress)	•
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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# COVER LETTER.

Tallahassee, FL 32301

TO: Registration Section Division of Corporations
SUBJECT: DEBORA FORTUNATO, LLC
(Name of Resulting Florida Limited Company)
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence concerning this matter to:
DEBORA FORTUNATO
(Contact Person)
(Firm/Company)
3940 METRO PKWY STE 110
(Address)
FORT MYERS, FL 33916
(City, State and Zip Code)
TRANSAMERICA_ACCT@YAHOO.COM
E-mail address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
DEBORA FORTUNATO at ( 239 ) 274-8290
(Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$155.00 Filing Fees and Certificate of \$180.00 Filing Fees and Certified Copy and Certificate of Status  \$185.00 Filing Fees Certified Copy, and Certificate of Status
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations  Clifton Building  Division of Corporations  P. O. Box 6327
Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

### **Certificate of Conversion**

For

## "Other Business Entity"

Into

### Florida Limited Liability Company

This Certificate 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.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certific Conversion is:  AQUARELLA PAINTING & SERVICES, INC.	ate of		
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a CORPORATION .	A S	ಪ	
(Enter entity type. Example: corporation, limited partnership,	201	MAR	***
general partnership, common law or business trust, etc.)	en ill	1	Same and
first organized, formed or incorporated under the laws of FLORIDA		<b>35</b>	Ţ
(Enter state, or if a non-U.S. entity, the name of the country)		7	
on <u>05/24/2006</u>		<u>ت</u> 1	
(Enter date "Other Business Entity" was first organized, formed or incorpo	rated)		
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country undowhich it is now organized, formed or incorporated:  N/A	er the la	aws (	of
·			
4. The name of the Florida Limited Liability Company as set forth in the attached Article Organization:	es of		
DEBORA FORTUNATO, LLC			
(Enter Name of Florida Limited Liability Company)			
• • •			
5. If not effective on the date of filing, enter the effective date: 03/01/2012			
(The effective date: 1) cannot be prior to nor more than 90 days after the date this do filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective datached Articles of Organization, if an effective date is listed therein.)			the
6. The conversion is permitted by the applicable law(s) governing the other business entity conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting			sion.

currently organized, formed or incorporated.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

Signed this 01 day of MARCH	. 20 <u>13</u> .
Individual signing affirms that the facts sta constitutes a third degree felony as provide	resentative of Limited Liability Company: ated in this document are true. Any false information and for in s.817.155, F.S.
Signature of Member or Authorized Repres Printed Name: <u>DEBORA FORTUNATO-SOU</u>	entative: Willia Salmy - Jag
this document are true. Any false informat	ntity: Individual(s) signing affirm(s) that the facts stated in ion constitutes a third degree felony as provided for in ature(s).]
Signature: John Sortyk - 10 Printed Name: DEBORA FORTUNATO-SOUZA	Title: PRESIDENT
	Title:
	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Directly Directors or Officers have not been selected	
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) Page 2 of 2

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

DEBORA FORTUNATO, LLC (Must end with the words "Limited Liability Company,	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5570 BILLINGS ST	3940 METRO PKWY STE 110
LEHIGH ACRES, FL 33971	FORT MYERS, FL 33916
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of	stered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another  f the registered agent are:
The hame and the Florida street address of	the registered agent are.
TRANSAMERICA	ACCOUNTING & SERVICES, INC Name
	PKWY STE 110 dress (P.O. Box <u>NOT</u> acceptable)
FORT MYERS	FL 33916

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 608, F.S..

City, State, and Zip

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing M	ember
MANAGER	DEBORA FORTUNATO-SOUZA
	5570 BILLINGS ST
	LEHIGH ACRES, FL 33916
(Use attachment if necessary	ary)
<b>ARTICLE V:</b> Effective date, if	Other than the date of filing: (OPTIONAL)
/TEL 60 (* 1 / 4) (1	(OPTIONAL)
	pe prior to nor more than 90 days after the date this document is filed by
	te; AND 2) must be the same as the effective date listed in the attached
Certificate of Conversion, if an	effective date fisted therein.)
DECLIDED SIGNATURE.	
REQUIRED SIGNATURE:	A
_ 1	
	Hondright /
Signature of a mem	ber or an authorized representative of a member.
-	/
(In accordance with section 608	3.408(3), Florida Statutes, the execution of this document constitutes an affirmation under
document to the Department of	e facts stated herein are true. I am aware that any false information submitted in a f State constitutes a third degree felony as provided for in s.817.155, F.S.)
	sound constrained a minu angless seron, and provided the interest, a test,
DEBORA FOI	RTUNATO-SOUZA
	Typed or printed name of signee