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Office Use Only

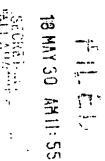
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COVER LETTER

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SUBJI	F <i>C</i> T∙	FONTE KITC	THENILC			
.50100		(Name of Res	sulting Florida Limite	al Con	npany)	
			•		d fees are submitted to convectordance with s. 605,1045, f	
Please	return all corr	espondence concernin	g this matter to:			
	R	AUAEL A GARCIA				
		(Contact Person)				co
		RAFAEL A GARCIA			ي شدا : جعة : جعة	进工
		(Firm/Company)				· 👸 📶
	5	580 W 16 AVE SUITE 20	13		٠.	ر برس با سرسا
		(Address)	.			至:
		HIALEAH FL 33012				18 MAY 30 MAIN: 55
	(1	City, State and Zip Code)				ئن
		raftax@outlook.com				
E-m	ail Address: (to b	e used for future annual re	port notifications)			
For fur	rther informati	on concerning this ma	tter, please call:			
	RAFAEL A	GARCIA	at (305	558 1	685	
	(Name of Conta	ect Person')		(Day	rtime Telephone Number)	
		or the following amou a bank located in the	-	rocess	sed by this office must be pay	able in US
(\$25 for & \$125	0.00 Filing Fees r Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
New F Division Clifton 2661 I	ET ADDRES filing Section on of Corporat a Building Executive Cent assee, FL 323	ions er Circle	New Fil Division P. O. Bo	ling S n of C ox 63	`orporations	

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 FONTE KITCHEN & BATH CABINETS	o the filing of the Articles of Conversion is: INC OLSCIO 7286
(Enter Name of Other Business Entity)	\$13000 12001
2. The "Other Business Entity" is a	CORPORATION
(Enter entity type. Example: corporation, limited partnership.	general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of	FLORIDA
(Enter state	e, or if a non-U.S. entity, the name of the country)
08/31/2015 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set for FONTE KITCHEN LLC	th in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Compa	my)
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 the date this document is filed by the Florida Department of Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	date nor more than 90 calendar days after State.)
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 which such members are entitled under ss. 605.1006 and 605.100 	

Signed this 05	_day of _MAY	<u></u>	
Signature of Author	ized Representative	of Lighted Liability Company:	
Signature of Authoriz Printed Name: ALBERT	ed Representative:	Title: PRESIDENT	
Signature(s) on behal	for Other Business E	ntity: See below for required signature([s)]
Signature:	MU		
Printed Name: ALBER	AD TONZALEZ	Title: PRESIDENT	
Signature: Printed Name:	· · · · · · · · · · · · · · · · · · ·		
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
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Signature:		Title:	
			
If Florida Corporation Signature of Chairman	<u>on:</u> 1, Vice Chairman, Direc	ctor, or Officer.	
		d, an Incorporator must sign.	
If Florida General Pa Signature of one Gene		Liability Partnership:	
If Florida Limited Pa Signatures of <u>ALL</u> Ge		Liability Limited Partnership:	Mil Chinese
All others: Signature of an author	ized person.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Fees:			

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FONTE KIT	CHEN LLC		
(Must contain the words "Limited Liab		'L.L.C' or "LLC.")	
A DITICULE HE A Advance			
ARTICLE II - Address: The mailing address and street address of the	principal of	fice of the Limited	Liability Company is:
Principal Office Address:	Mailing	Address:	
16203 SW 107 PI	16203 SV	V 107 Pl	
MIAMI, FL 33157	MIAMI.	FL 33157	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the	gistered Agent.	You must designate an in	dividing or another
ALBERTO	FONTE		- T
. Na	me		5 A 1. 5.
16203 SW	107 PL		
Florida street address (F	.O. Box <u>NO</u>	T acceptable)	•
MIAMI	FL	33157	
City		Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cat statutes relating to the proper and comple accept the obligations of my position us Registered Agent's S	l in this certij xacity. I furth te performan	ficate, I hereby according to the agree to comply one of my duties, and gent as provided for	ept the appointment as with the provisions of H am familiar with an

ARTICLE IV-

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

MGR" – Manager ALBERO FONTE 16203 SW 107 PI MIAMI FL 33157 Use attachment if necessary) LE V: Other provisions, if any. REOURED SIGNATURE: Signature of a member of a mulhorized representative of a member This document is executed in accordance with section 605.0203 (1) (b), Florida Statules, I am aware t any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155, E.S. ALBERTO FONTE Typed or printed name of signee	LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a faultorized representative of a member This document is executed in accordance sub-section 605.0203 (1) (b), Florida Statutes, I am aware thany false information submitted in a document to the Department of State constitutes a third degree felt as provided for in s.817.155, F.S. ALBERTO FONTE	UALADODU A 1 1 1 1 1 1	Name and Address:
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