L07000003909

(Re	questor's Name)	
(Ad	dress)	•
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		1-11.

Office Use Only



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SECRETARY OF STATE

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TO:	Registration	Section Corporations						
CIIDI		•	CTATES	DAMEING	1-1 C			
SORI	ECI:	(Name of	Resulting Flori	PAINTING ida Limited Company)			
The e	nclosed Certif	icate of Conver Jusiness Entity'	sion, Article		and fees are submit	tted to		
Please	return all cor	respondence co	oncerning thi	s matter to:				
For fu	orther informat	(Contact Pers (Firm/Compa SE 138 (Address) (City, State and Z	ip Code) this matter,	please call:	222 -0406	SECRETATIV OF STATE TALL WHASSEE, FLORIDA	07 JAN 10 AM 10: 50	FILEU
	(Name of Con	tact Person)	atat	(Area Code and D	322 -0406 aytime Telephone Numb	ber)		
		for the followi		•	•	,		
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)		ng Fees and	\$180.00 Filing Fees d Certified Copy	\$185.00 Filing Fee Certified Copy, and Certificate of Status	es,		
Regis Divisi Clifto	EET ADDREST tration Section on of Corpora n Building Executive Cen	tions		MAILING A Registration Division of O P. O. Box 63 Tallahassee,	Section Corporations 27			

Tallahassee, FL 32301

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate 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.608.439, Florida Statutes.

1. The name of the "Other Business E Certificate of Conversion is:	ntity" immedia FO <i>STATE</i>	ely prior to the filing of the	of this	05-7	1051
(Enter Name	e of Other Bus	iness Entity)			
2. The "Other Business Entity" is a (Enter entity type. Example: corp general partnership,	Soration, limited	CORPORATION partnership, sole partnership,	っん roprietorship,		
first organized, formed or incorporated (Enter state, or if a non	l under the laws	of FLORID	A	O7 JAN 10	
on 5/12/2005 (Enter date "Other Business Entit	 y" was first or	ganized, formed or in	corporated)	MID: 50	
3. If the jurisdiction of the "Other Bus under the laws of which it is now orga				D '	
	NA		,		
4. The name of the Florida Limited Li Articles of Organization:	ability Compan	y as set forth in the at	tached		
UNITED	STATES	PAINTING	LLC.		

(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: 1) cannot be prior to nor medocument is filed by the Florida Department of effective date listed in the attached Articles of O listed therein.)	ore than 90 days after the date this State; <u>AND</u> 2) must be the same as	
day of _ ·		
Signature of Authorized Person: Redul Printed Name: RICHARD WSKRABAR Title	PRESIDENT	OT JAN 10 AN 10: 50
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	y Company is	;	
		PAINTING	
(Must end with the words "Limited Liability "L.C.,")	Company, "Limit	ed Company" or their abb	reviation "LLC," or
ARTICLE II - Address: The mailing address and street ad Liability Company is:	ldress of the p	rincipal office of the	e Limited
Principal Office Address:		Mailing Address	<u>s:</u>
UNITED STATES P 8450 SE 138+h DUNNELLON, FL.		<u>(5am</u>	<u>)</u> %
ARTICLE III - Registered Age Signature: (The Limited Liability Company cannot servindividual or another business entity with an active Florida regis	ve as its own Regis		
The name and the Florida street a $A von$	elle R	2. MACKER	rell
20745 Florida stree	Nam W . t address (P.O	e Pennsyl U . Box <u>NOT</u> accepta	anie Aw
Dunn-	City, Star	Elponid A- te, and Zip	34431
Having been named as register above stated limited liability conhereby accept the appointme capacity. I further agree to conthe proper and complete perforaccept the obtigations of my	npany at the part as registere int as registere inply with the pr rmance of my o	lace designated in the d agent and agree to rovisions of all statu duties, and I am fam distered agent as pro	nis certificate, I o act in this otes relating to iliar with and
Registe	red Agent's S	ignature (REQUIRE	ED)

(CONTINUED) Page 1 of 2

<u>Fitle:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGR	RICHARD W SKRABAR 8450 SE 138th TER DUNNELLON, FL 344
	(Use attachment if necessary)
LF V: Effective date if other the	· · · · · · · · · · · · · · · · · · ·
NAL) fective date is listed, the date days prior to or 90 days after REOUIRED SIGNATURE:	must be specific and cannot be more than five the date of filing.)
NAL) Fective date is listed, the date days prior to or 90 days after REQUIRED SIGNATURE:	must be specific and cannot be more than five
NAL) fective date is listed, the date is days prior to or 90 days after REQUIRED SIGNATURE: Signature of a member or (In accordance with section of this document constitute that the f	must be specific and cannot be more than five the date of filing.) an authorized representative of a member. an affirmation under the penalties of perjury acts stated herein are true.)
NAL) fective date is listed, the date is days prior to or 90 days after REQUIRED SIGNATURE: Signature of a member or (In accordance with section of this document constitute that the f	must be specific and cannot be more than five the date of filing.) Machine an authorized representative of a member. In 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury

\$ 5.00 Certificate of Status (Optional)