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(R	equestor's Name)	
(A	ddress)	<u></u>
	ddress)	
(17)	aurese,	
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
	usiness Entity Name)	
(D	usiness Endly Name;	ŀ
(D	ocument Number)	
Certified Copies	Certificates of	Status
		
Special Instructions to	Filing Officer:	
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Office Use Only



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SIGNAL OF STATE

SEP 21 AM II:

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A-1 Tile and more 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:
VICTUR Niebrzydowski (Contact Person) A-Y Tile (Firm/Company) 1408 Lavina (Address)
(Firm/Company)
1408 Lavina (Address)
NORTH PORT 34286 (City, State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees \$155.00 Filing Fees \$180.00 Filing Fees \$185.00 Filing Fees, (\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and \$125 for Articles of Organization)
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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 Entity" immediately prior to the filing of this					
Certificate of Conversion is: A-I tile -G01186900049					
(Enter Name of Other Business Entity)					
2. The "Other Business Entity" is a Sole Proprietor ship.					
(Enter entity type. Example: corporation, limited partnership, sole proprietorship general partnership, common law or business trust, etc.)					
first organized, formed or incorporated under the laws of FLOKIDA (Enter state, or if a non-U.S. entity, the name of the country)					
on July 2 2007 (Enter date "Other Business Entity" was first organized, formed or incorporated)					
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:					
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:					
A-1 Tire and more L.L.C.					
(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 a document is filed by the Florida Department of effective date listed in the attached Articles of clisted therein.)	more than 90 days after the date t f State; <u>AND</u> 2) must be the same	as the
Signed this 18 day of September	20 07	
Signature of Authorized Person:	Q. C.	·
Printed Name: Vicrok Nichrzydowski Titl	le:	- · · ·
Fees:	 	OT SEP 21 AM 11: 43 SECRETAGE OF STATE SECRETAGE OF FLORID
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	CARIDA

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
A-1 Tile and More L (Must end with the words "Limited Liability Company," the abbr	.L, C.
(Must end with the words "Limited Liability Company," the abbreville.")	eviation "L.L.C.," or the designation
ARTICLE II - Address: The mailing address and street address of the printing Liability Company is:	ncipal office of the Limited
Principal Office Address:	Mailing Address:
1408 Lavina North DORT EL. 34296	North Port FL 34286
ARTICLE III - Registered Agent, Registered Signature: (The Limited Liability Company cannot serve as its own Register individual or another business entity with an active Florida registration.)	
The name and the Florida street address of the re-	gistered agent are:
Victor Alexander	· Niebrzydowski
VICTOR Alexander Name 1408 LAUINA Florida street address (P.O. I	O7 S
Florida street address (P.O. I	Box NOT acceptable)
North Port City, State,	FL 34286 8 2 6
City, State,	and Zip 변유 물
Having been named as registered agent and to a above stated limited liability company at the place hereby accept the appointment as registered capacity. I further agree to comply with the pro	ce designated in this certificate 📆 🗀 agent and agree to act in this
the proper and complete performance of my du	
accept the obligations of my position as regist , Chaptgr/6UB, F.S	
(In She	
Registered Agent's Sign	nature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u>	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MER	VICTOR Alexander Niel 1408 LAVINA North PORT FL. Z	orzyc	1000 S
	1408 LAVINA		
	North Port FL 3	428°	ļ.
•			-
-			
	(Use attachment if necessary)		
	(Ope thimbianterit if the appared)		
ARTICLE V: Effective date, if other than the	date of filing:	07	
(OPTIONAL)		33	
(If an effective date is listed, the date must l business days prior to or 90 days after the da		07 SEP 21	777
business days prior to or 70 days after the da	me of ming.)		
REQUIRED SIGNATURE:		P	8
17,261	- Post September 1997	=	
Similar		AM 11 43	
Signature of a member or an aut	thorized representative of a member 711	<u></u>	
	108(3), Florida Statutes, the execution		
of this document constitutes an aff	firmation under the penalties of perjury ated herein are true.)		
1	•		
VICTOR HLEXANDS	ted name of signee		:
Typed or print	ted name of signee		

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)