# L0900003824

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
` , , , ,
PICK-UP WAIT MAIL
(Duninger Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer:
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Office Use Only



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## **COVER LETTER**

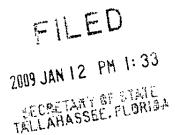
TO: Registration Section Division of Corporations	·
SUBJECT: Hector Monagas Paint (Name of Resulting	ing LLC g Florida Limited Company)
The enclosed Certificate of Conversion, A convert an "Other Business Entity" into a accordance with s. 608.439, F.S.	rticles of Organization, and fees are submitted to "Florida Limited Liability Company" in
Please return all correspondence concernir	ng this matter to:
Hector F Monagas (Contact Person)	
Hector Monagas Painting Painting LLC (Firm/Company)	
510 Wexford Dr. (Address)	
Venice Fl. 34293 (City, State and Zip Code)	
For further information concerning this ma	atter, please call:
Hector F Monagas (Name of Contact Person)	at ( 941 ) 993-3514  (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)	\$180.00 Filing Fees and Certified Copy  Certified Copy, and Certificate of Status
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.

	(Enter Name of Other Business Entity)
? The "Oth	ner Business Entity" is a Corporation
	ity type. Example: corporation, limited partnership, sole proprietorship,
(12.2000 1.200	general partnership, common law or business trust, etc.)
first organiz	ed, formed or incorporated under the laws of Florida
	(Enter state, or if a non-U.S. entity, the name of the country)
on 02/26/20	
(Enter da	te "Other Business Entity" was first organized, formed or incorporated)
	isdiction of the "Other Business Entity" was changed, the state or country ws of which it is now organized, formed or incorporated:
Florida	
	e of the Florida Limited Liability Company as set forth in the attached Organization:
Hector Mona	gas Painting LLC
	(Enter Name of Florida Limited Liability Company)
5. If not eff	ective on the date of filing, enter the effective date:

Signed this <u>08</u> day of <u>01</u>	20 <u>09</u>
Signature of Member or Authorized Representa	tive of Limited Liability Company:
Signature of Member or Authorized Representative Printed Name: Hector F Monagas	: Hector & Managar
Signature(s) on behalf of Other Business Entity:	· · · · · · · · · · · · · · · · · · ·
Signature: Nactor F Monages  Printed Name: Hector F Monages	Title: President
Signature:Printed Name:	
Signature:	
Signature: Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
Signature:	TV.A.
Printed Name:	_ little:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	
All others: Signature of an authorized person.	DISJAN 12
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)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

	nagas Painting LL		<u> </u>
(Must end with the wo	ords "Limited Liability Compa	any," the abbreviation "L.L.C.," or the designation	on
ARTICLE II - A	Address:		
The mailing add	ress and street address	of the principal office of the Limite	d
Liability Compa	ny is:		
Principal Office	e Address:	<b>Mailing Address:</b>	
510 Wexford Dr.		510 Wexford Dr.	<u>.</u>
Venice		Venice	
Florida 34293		Florida 34293	····
<b>Signature:</b> (The Limited Liability		egistered Office, & Registered Age	ent's
Signature: (The Limited Liability individual or another business entity with a	y Company cannot serve as its an active Florida registration.)	own Registered Agent. You must designate an	
Signature: (The Limited Liability individual or another business entity with a	y Company cannot serve as its an active Florida registration.)	own Registered Agent. You must designate an	
Signature: (The Limited Liability individual or another business entity with a	y Company cannot serve as its an active Florida registration.)	own Registered Agent. You must designate an s of the registered agent are:	
Signature: (The Limited Liability individual or another business entity with a	y Company cannot serve as its an active Florida registration.) ne Florida street address	own Registered Agent. You must designate an s of the registered agent are:	ent's 2009 JAN 12
Signature: (The Limited Liability individual or another business entity with a	y Company cannot serve as its an active Florida registration.) ne Florida street address Hector F Monagas 510 Wexford Dr.	own Registered Agent. You must designate an s of the registered agent are:	2009 JAN 12 PM
Signature: (The Limited Liability individual or another business entity with a	y Company cannot serve as its an active Florida registration.) ne Florida street address Hector F Monagas 510 Wexford Dr.	own Registered Agent. You must designate an s of the registered agent are:	2009 JAN 12 PM
Signature: (The Limited Liability individual or another business entity with a	y Company cannot serve as its an active Florida registration.) ne Florida street address Hector F Monagas 510 Wexford Dr.	own Registered Agent. You must designate an s of the registered agent are:	2009 JAN 12

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager	SECALIARY OF ST TALLAHASSEE. FL
"MGRM" = Managing Member	YÄLLAHASSEE. PU
MGRM	Hector F Monagas
	510 Wexford Dr.
	Venice Fl. 34293
•	
	77.7
	(OPTIONAL) nor more than 90 days after the date this
Tective date: 1) cannot be prior to ent is filed by the Florida Department of the date listed in the attached (	e date of filing: (OPTIONAL)
fective date: 1) cannot be prior to ent is filed by the Florida Departmentive date listed in the attached (listed therein.)  REQUIRED SIGNATURE:	(OPTIONAL) nor more than 90 days after the date this ent of State; AND 2) must be the same as Certificate of Conversion, if an effective
fective date: 1) cannot be prior to ent is filed by the Florida Department of the attached (listed therein.)  REQUIRED SIGNATURE:  Signature of a member or an autofilia document constitutes an attached the prior to the attached (lineaccordance with section 608, of this document constitutes an attached the prior to the attached to th	(OPTIONAL) nor more than 90 days after the date this ent of State; AND 2) must be the same as Certificate of Conversion, if an effective athorized representative of a member.  408(3), Florida Statutes, the execution effirmation under the penalties of perjury
fective date: 1) cannot be prior to ent is filed by the Florida Department of the attached (listed therein.)  REQUIRED SIGNATURE:  Signature of a member or an author of this document constitutes an atthat the facts stope and the stope of t	(OPTIONAL) nor more than 90 days after the date this ent of State; AND 2) must be the same as Certificate of Conversion, if an effective athorized representative of a member.  1408(3), Florida Statutes, the execution
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