# L11000034010

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

Office Use Only



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02/22/11--01054--022 \*\*150.00

SECRETARY OF STATE DIVISION OF SORTORALION

N. Culigan MAR 2 1 2011

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: AMR. PAINTING (Name of	LLC. of Resulting Florida Limited Company)
	Articles of Organization, and fees are submitted to convert an Limited Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence concern	ning this matter to:
CARLOS GONZALEZ	•
(Contact Person)	
CARLOS GONZALEZ ACC (Firm/Company)	COUNTING, LLC.
4614 CXLENDULA DR. (Address)	
ORLANDO, FL. 32839	
(City, State and Zip Code	e)
E-mail address: (to be used for future annual rep	ort notifications)
For further information concerning this r	natter, please call:
	at ()
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following am	nount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy  \$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314

Tallahassee, FL 32301



February 23, 2011

CARLOS GONZALEZ 4614 CALENDULA DRIVE ORLANDO, FL 32839

SUBJECT: A.M.R. PAINTING LLC Ref. Number: W11000010724

We have received your document for A.M.R. PAINTING LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

You do not have to an effective date is #5. But if you put a date it cannot be prior to the date it was received. That date was 02/22/11.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 211A00004520

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

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Neysa Culligan Regulatory Specialist II

Letter Number: 211A00004520

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

## 11 MAR 21 PM 3 35

# 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 Certificate of
Conversion is: AMB PAINTING Inc. PO3-70829
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>COVPOVATION</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of
on <u>6/26/03</u> (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:
AMR. PAINTING LLC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date:  (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion
7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

Signed this 3 day of MAnch	20	
Individual signing affirms that the facts sta constitutes a third degree felony as provide	<i>1</i>	mation
Signature of Member or Authorized Repres	entative: Migus Kensus Title:	
this document are true. Any false informat s.817.155, F.S. [See below for required sign		
Signature: Miguel Kniese Printed Name: Miguel & Rive	Z/aTitle:	
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Direct If 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

AMR. PAIN	TING LLC.	
(Must end with the words "Li	mited Liability Company, the	abbreviation "L.L.C.," or the designation "LLC.")
ARTICLE II - Address a		principal office of the Limited Liability Company is:
Principal Office Add	ress:	Mailing Address:
1641 HUMPHRE Deltona, F1.	<del>.</del> _	
(The Limited Liability Compa- business entity with an activ	any cannot serve as its own Re	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are:
	MIGUEL RI	IVERA
		Name
	1641 Hump	ohrey ct.
	Florida street addre	ss (P.O. Box NOT acceptable)
,	Deltona,	F1.32738
		ry, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

IVICIIX — IVIALIAPEI	Name and Address:
"MGR" = Manager "MGRM" = Managing	Member
MGR	MIGUEL RIVERA
	1641 Humphrey Ct.
	Deltona, F1.32738
	·
<del></del>	
(Use attachment if nece	ssary)
(Use attachment if nece	ssary)
	• •
	ssary) if other than the date of filing: (OPTIONAL)
ICLE V: Effective date,	if other than the date of filing:  (OPTIONAL)  t be prior to nor more than 90 days after the date this document is filed b
ICLE V: Effective date, effective date: 1) canno lorida Department of S	if other than the date of filing:  (OPTIONAL)  t be prior to nor more than 90 days after the date this document is filed be state; AND 2) must be the same as the effective date listed in the attache
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effective date: 1) cannolorida Department of Sicate of Conversion, if  UIRED SIGNATURE:  Signature of a multiple of the penalties of perjury that document to the Department	(OPTIONAL)  t be prior to nor more than 90 days after the date this document is filed by State; AND 2) must be the same as the effective date listed in the attache an effective date listed therein.)  ember or an authorized representative of a member.  508.408(3), Florida Statutes, the execution of this document constitutes an affirmation the facts stated herein are true. I am aware that any false information submitted in a tof State constitutes a third degree felony as provided for in s.817.155, F.S.)
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