14000144494

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

N. Outtigen SEP 1 6 2014

COYER LETTER

P. O. Box 6327

Tallahassee, FL 32314

TO: Registration S Division of C			
SUBJECT. Danny	Remodelations LLC		
SUBJECT.	(Name	of Resulting Florida Limite	ed Company)
			nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:	
Reina	(Contact Person)	٦	
SCL	\mathcal{L}^{\prime}		
1453 V	(Firm/Company) N. F\U9	ler St	
Mia	(Address) Mi, F.	33135	
	City, State and Zip Code)		
danny_1798@yaho	e used for future annual re	nort notifications)	
•		•	
	on concerning this ma	•	
Alex D. Lopez		_at ()	-7705
(Name of Conta	ct Person)	(Area Code) (Day	rtime Telephone Number)
Enclosed is a check f	or the following amou	int:	
\$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 Registration Section Division of Corporati		MAILING A Registration S Division of C	Section

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

*

Ŭ**TO**:



August 28, 2014

REINA TAPIA SCL, INC 1453 W. FLAGLER STREET MIAMI, FL 33135

SUBJECT: DANNY REMODELATIONS, LLC

Ref. Number: W14000052806

We have received your document for DANNY REMODELATIONS, 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 414A00018512

Division of Compositions D.O. DOV 6997 Mallaharan El. 11, 9991

FILED

2014 SEP 16 AM 10: 28

Articles of Conversion For "Other Business Entity" Into

SECRETARY OF STATE TALLAHASSFE, FLORIDA

Florida Limited Liability Company

The Articles 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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Danny Kemode 19-1005 Corp. P12 - 11924
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>For Poralion</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 2/03/2012. (Enter state, or if a non-U.S. entity, the name of the country) (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Danny Remodelations, LLC:
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to date of receipt or filed date 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.)
5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

Page 1 of 2

Signed this 18 day of August	20 1
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: X Printed Name: Alex D. LOpez	ritle: <u>President.</u>
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]
Signature: X Dull Printed Name: Plex D. LOPEZ	_Title: <u>President</u>
Signature:Printed Name:	Title:
Signature:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTÍCLES OF ORGANIZATION FOR FLÓRIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	ne;	
The name of the Lin	mited Liability Company is:	
Donn	4 Remod	elations, LLC.
(1114)	seems with the words. Entitled Eliteri	ny company, chize, or like, y
ARTICLE II - Add The mailing address		incipal office of the Limited Liability Company is:
Principal Office A	ddress:	Mailing Address:
4528 N Miamij 1	Miami Ave.	277 NW 325t. -Miami, Fl. 3367
(The Limited Liability Con	egistered Agent, Registered mpany cannot serve as its own Regist ctive Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the F	lorida street address of the r	egistered agent are:
	Alex D. Lopez	
	Name	
	277 NW 32 Street	
	Florida street address (P.O	Box NOT acceptable)
	Miami	FL 33127
-	City	Zip
liability compa registered agent a statutes relating	any at the place designated in and agree to act in this capact to the proper and complete pigations of my position as reg	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Alex D. Lopez
WGK	277 NW 32 Street
	Miami, FL. 33127
•	
	300
	in the second
effective date is listed, the date mus	he date of filing: (OPTIONAL) st be specific and cannot be more than five business days
CLE V: Effective date, if other than teffective date is listed, the date must days after the date of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days
CLE V: Effective date, if other than teffective date is listed, the date must	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days
CLE V: Effective date, if other than teffective date is listed, the date must days after the date of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days NOWL
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	to be specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membra accordance with section 605.0203 onstitutes an affirmation under the perfection of the section of the perfect of the section of the section of the perfect of the section of	per or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true, submitted in a document to the Department of State
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a	per or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State evided for in s.817.155, F.S.)
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a	per or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true, submitted in a document to the Department of State

Page 2 of 2