#15000090781

(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:
Sign W15-14280

Office Use Only



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02/18/15--01025--016 **185.00

2015 HAY 20 PH 5: 53

K.SALY EXAMINER MAY 22 2015



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2015

MICHAEL D. CONNERY 10501 DIAMANTE WAY FORT MYERS, FL 33913

SUBJECT: SANTA FE PAINTING, L.L.C.

Ref. Number: W15000014280



We have received your document for SANTA FE PAINTING, L.L.C. and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 615A00004099

COVER LETTER

TO:	Registration S Division of C			
SUBJ	ECT:	SANT	A FE PAINTH	Vq, LLC
		(Name	of Resulting Florida Limit	ed Company)
			_	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please	return all corr	espondence concernin	g this matter to:	
	Mi	CHAEL D.	CONNERY	
		(Contact Person)		
	SAN	CHAEL D. (Contact Person) HA Fe PAIN (Firm/Company)	ting, L.L.C.	
	/n.5	Ol Diament (Address)	e way	
	FOR	H MY CLS, F City, State and Zip Code)	L 33913	
	((City, State and Zip Code)		
	SAN	TAFEPAINTING e used for future annual re	ILLC CGMail.	CoM
E-m	nail Address: (to b	e used for future annual re	port notifications)	
For fu	rther informati	on concerning this ma	tter, please call:	
	MICHA	EL CONNERY	at (413)	230 -814/ ytime Telephone Number)
	(Name of Conta	ct Person)	(Area Code) (Da	ytime Telephone Number)
Enclos	sed is a check f	or the following amou	nt:	
(\$25 for & \$125	0.00 Filing Fees r Conversion for Articles nization)	\$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
STRE	ET ADDRES	S:	MAILING A	ADDRESS:
	ration Section		Registration	
	on of Corporat	ions	Division of C	•
	n Building Executive Cent	or Cirola	P. O. Box 63	
	executive Cent		Tallahassee,	L 34314

Articles of Conversion For

"Other Business Entity"

Into

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: SANTA FE PAINTING, LLC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(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
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization
SANTA FE Painting, 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 all applicable statutes

Page 1 of 2

Signed this	20 15	
Signature of Authorized Representative		
Signature of Authorized Representative: Printed Name:	NNERYTITLE: OWNER President	
Signature(s) on behalf of Other Business-I	Entity: [See below for required signature(s).]	
Signature:		
Printed Name: 17: CHAEL Co	WNSRTTitle: OWNER president	
Printed Name:	Title:	
•		
Printed Name:	Title:	
Signature:Printed Name:	T:41	
		ا المقاصد
Signature:	Title:	ا الآ دسموني
Timed Name.	Title:	, r
Signature:		
Printed Name:	Title:	3 ² 1
If Florida Corporation: Signature of Chairman, Vice Chairman, Dire If Directors or Officers have not been selecte	ctor, or Officer.	û. 23
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:		
Articles of Conversion: Fees for Florida Articles of Organiz Certified Copy: Certificate of Status:	\$25.00 sation: \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Lim	ited Liability Company is:		
	SANTA Fe Pai		
(Must	end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addr The mailing address		incipal office of the Limited Lia	bility Company is:
Principal Office Add	dress:	Mailing Address:	
	IMMANTE WAY 1XERS, FL 133913	SAME	
	pany cannot serve as its own Registe	Office, & Registered Agent's ered Agent. You must designate an individ	
The name and the Flo	orida street address of the re	egistered agent are:	201
		L D. CONNERY	2015 MAY 20
<u> </u>	1050/ DIAM Florida street address (P.O.	Box NOT acceptable)	MA THE ST
_	FORT MYER.	S FL 339/3 Zip	35 US

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authoriz "MGR" = Manager	ed Member	Mame and Address: Michael D. Consery 10501 DIAMANTE WAY FORT MYRS, FL 33913
		20 PH E
(Use attachment if ne	cessary)	
ın effective date is listed,	, if other than the dat	te of filing: (OPTIONAL) specific and cannot be more than five business days p
n effective date is listed, r 90 days after the date o	, if other than the dat the date must be s f filing.)	
n effective date is listed, r 90 days after the date o	, if other than the dat the date must be so f filing.)	
r 90 days after the date of FICLE VI: Other provision REQUIRED SIGNATION (In accordance with secondaritutes an affirmation)	at the date must be so filing.) ons, if any. TURE: are of a member or tion 605.0203 (1) (but nunder the penalties information submit	an authorized representative of a member. b), Florida Statutes, the execution of this document is of perjury that the facts stated herein are true.
REQUIRED SIGNA Signatu (In accordance with seccentitutes an affirmation I am aware that any false	athe date must be sof filing.) ons, if any. TURE: are of a member or tion 605.0203 (1) (by a under the penalties information submits of felony as provided	an authorized representative of a member. b), Florida Statutes, the execution of this document is of perjury that the facts stated herein are true. litted in a document to the Department of State

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-