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

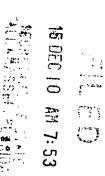
Office Use Only

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S. GII RERT



FLORIDA DEPARTMENT OF STATE Division of Corporations

ABIOHIVED 15 BEC 10 AM 10:57 SECRETARY OF STATE ALLAHASSEE, FEDAGA

November 18, 2015

WILFREDO ZALAVARRIA 4862 NW 168 TERRACE MIAMI GARDENS, FL 33055

SUBJECT: RELIABLE SCREEN & HOME IMPROVEMENT, LLC.

Ref_Number: W15000067635

We have received your document for RELIABLE SCREEN & HOME IMPROVEMENT, 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.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filling will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 915A00021598

COVER LETTER

Division of C	orporations		
SUBJECT, RELIAB	LE SCREEN & HOME IN	PREOVEMENT, INC.	
**************************************		of Resulting Florida Limit	ed Company)
			nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:	
WILFREDO ZALAVAF	RRIA		
	(Contact Person)	···	
RELIABLE SCREEN &	HOME IMPROVEMEN	Γ, INC.	
	(Firm/Company)		
4862 NW 168 TERRAC	Е		
	(Address)		
MIAMI GARDENS, FL	33055		
((City, State and Zip Code)		
maria@mariasincometax	com		
E-mail Address; (to b	e used for future annual re	port notifications)	
For further information	on concerning this ma	tter, please call:	
WILFREDO ZALAVAF	RRIA	_at (305) 215-	6322
(Name of Conta	ct Person)	(Area Code) (Da	ytime 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	S:	MAILING A	
Registration Section Division of Corporat	ions	Registration	
Clifton Building	10113	Division of GP. O. Box 63	
2661 Executive Cent	er Circle	Tallahassee,	

Tallahassee, FL 32301

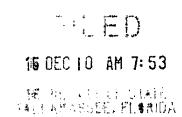
TO: Registration Section

Articles of Conversion For

"Other Business Entity"

Into

Florida Limited Liability Company



The Articles 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.605.1045, Florida Statutes.

RELIABLE SCREEN & HOME IM	(Enter Name of Other Business Entity)	
2. The "Other Business Entity"	CORPORATION	
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or inco	porated under the laws of FLORIDA	
05/14/2014	(Enter state, or if a non-U.S. entity, the name of the cou	ntry)
(date of organization, formation of	r incorporation)	
(date of organization, formation of	ited Liability Company as set forth in the attached Articles of Organ	ization:
(date of organization, formation of	ited Liability Company as set forth in the attached Articles of Organ	ization:
(date of organization, formation of the Florida Lin RELIABLE SCREEN & HOME IM	ited Liability Company as set forth in the attached Articles of Organ	ization:
(date of organization, formation of the Florida Lin RELIABLE SCREEN & HOME IM (Enter N	ited Liability Company as set forth in the attached Articles of Organ	ization:
(date of organization, formation of the Florida Lin RELIABLE SCREEN & HOME IM (Enter No. 1) (Enter No. 1) (The effective date: 1) cannot contain the contained of the effective date of the effective	ited Liability Company as set forth in the attached Articles of Organ ROVEMENT, LLC. ame of Florida Limited Liability Company)	er the

	. :
Signed this 29 day of SEPTEMBER	20_15
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative of Liming Signature of Authorized Representative: WILFREDO ZALAVARRIA	17 to
Signature of Authorized Representative: 🗴 🥰	
Printed Name: WILFREDO ZALAVARRIA	Title: PRESIDENT
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Land Signature: Printed Name: WILFREDO ZALAVARRIA	
Printed Name: WILEREDO ZALAVARRIA	Tida, PRESIDENT
Frinted Name. WILL KEDO EXERVANCIA	Title, TRESIDENT
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	Title:
Timed Name.	1100.
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In-	
	corporator mast sign
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
oignature of an aumorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

gaziraa Tariza Tariza	44.4

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

15 DEC 10 AM 7:53

Mailing Address:

RELIAE	RIFSCR	PEN & HO	ME IMP	PROVEME	NTIIC

Principal Office Address:

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

4862 NW 168 TERRACE	4862 NW 168 TERRACE
MIAMI GARDENS, FL 33055	MIAMI GARDENS, FL 33055

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

WILFREDO SALAVA	RRIA	
1	Vame	
4862 NW 168 TERRA	CE	
Florida street address (P.O. Box <u>NOT</u> a	cceptable)
MIAMI GARDENS	FL	33055
City	State	Zip

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" = Authorized !	Name and Address: Member	
	"MGR" = Manager		
	MGR	WILFREDO SALAVARRIA 4862 NW 168 TERRACE	
		MIAMI GARDENS, FL 33055	
		MIAMI GARDENS, FL 33033	
	(Use attachment if neces	sary)	
lf an e he date <u>Note:</u>	ffective date is listed, the or of filing.) If the date inserted in this l	her than the date of filing: 10/01/2015 . (OPTIONAL) date must be specific and cannot be more than five business days prior to or 90 days a block does not meet the applicable statutory filing requirements, this date will not be liste the Department of State's records.	
RTIC	LE VI: Other provisions, it	°any.	
		-01	
	REOUIRED SIGNATU ✓		
	This doc I am awa	gnature of a member or an authorized representative of a member, cument is executed in accordance with section 605.0203 (1) (b), Florida Statutes, are that any false information submitted in a document to the Department of State less a third degree felony as provided for in s.817.155, F.S.	
	v	VILFREDO SALAVARRIA	

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)