# L1000004693

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phon	e #)
PłCK-UP	☐ WAIT	MAIL
(Be	usiness Entity Nar	me)
(De	ocument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
:		

Office Use Only



900279561699

12/29/15--01003--005 \*\*155.00

15 DEC 29 PH 4: 32

to ilialite

#### **COVER LETTER**

TO: Registration S			
Division of Co	A. Perez 1 (Name o	Thes Corporations of Resulting Florida Limited	Oration
The enclosed Articles Business Entity" into	of Conversion, Articl a "Florida Limited Lia	es of Organization, and ability Company" in ac	d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corre	spondence concerning	this matter to:	
Jamate Peres 4  1710 19  Hiam  Yamyo	Contact Person)  ABGOCIATE (Firm/Company)  Address)  (Address)  Th. 32  City, State and Zip Code)  120 @ hotme	ail. com	
	e used for future annual rep		
Jamatsys (Name of Contact	on concerning this mat aroma ct Person)	at (325) 6	49-8404 time Telephone Number)
Enclosed is a check for	or the following amou	nt:	
□ \$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
STDEET ADDRESS	2.	MAILING	ADDECC.

Registration Section

P. O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

INHS11 (06/15)

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

FILED
15 (EC 29 M 4: 32

# Articles of Conversion For

### "Other Business Entity"

Into

#### Florida Limited Liability Company

FILED

15 DEC 29 PH 4: 32

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  A. PENEZ TILES, CONPONATION  (Enter Name of Other Business Entity) P14 000023615
A. Perez Tiles, Corporation
(Enter Name of Other Business Entity) PIH 000023615
2. The "Other Business Entity" is a <u>Corporation</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 03/19/2014 (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:
A. Perex Tikes, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 12/23/15
(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.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.

Page 1 of 2

Signed this M day of Secember	_20 <u>_15</u>	
Signature of Authorized Representative of Limit		
Signature of Authorized Representative: Olk Printed Name: HUGETTO PEREZ	ent tene Title: Manager	_
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]	
Signature: alfutthenes.		_
Printed Name: Alberto Verez	Title: Yelsi Clert	_
Signature: Www. Printed Name: Warlen Perez		
Printed Name: Navlen Perex	Title: Vice - President	_
Signature:	Trial .	
Printed Name:	little:	<del></del>
Signature:		
Signature:Printed Name:	Title:	_
Signature:	POLICE TO SERVICE TO S	_
Printed Name:	Title:	_
Signature:		_
Printed Name:	_ Title:	_
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Ind		
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y 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)	

Page 2 of 2

FILED 15 0EC 29 PH 4: 32

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:	FILED
A. Perez Thee, UC (Must end with the words "Limited Liability Company, "L.L.C.," or "	15 DEC 29 PH 4: 33  FOLLOW ALLANDA THE FEORIDA
ARTICLE II - Address: The mailing address and street address of the principal office of the	
Principal Office Address: Mailing Address:	
334 SE Avenue I 334 SE A Bulle Glade, Fl. 33430 Bulle Alac	he I le F1.33430
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Agent. You must design business entity with an active Florida registration.)	ed Agent's Signature: gnate an individual or another
The name and the Florida street address of the registered agent are:	
Alberto Peeez	
1.4411.6	
334 GE Avenue I	
Florida street address (P.O. Box NOT acceptab	le)
Belle Alade FL 3343 City Zip	0
City Zip	<del></del>
Having been named as registered agent and to accept service of pro- liability company at the place designated in this certificate, I here registered agent and agree to act in this capacity. I further agree to statutes relating to the proper and complete performance of my du- accept the obligations of my position as registered agent as prov	eby accept the appointment as comply with the provisions of all ties, and I am familiar with and

Page 1 of 2

(CONTINUED)

<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	44 4 7
MGR	Alberto Kerez
	334 GE Wence I
	151112 ATAME, FX: 35430
MGR	Marles Perez
	334 SE Avenue I
	Belle Alade, FL. 33430
•	
LE V: Effective date, if other than the fective date is listed, the date must	e date of filing: 12/28/2015 (OPTIONA) be specific and cannot be more than five business d
fective date is listed, the date must days after the date of filing.)	be specific and cannot be more than five business of the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  ne date inserted in this block does not meet is effective date on the Department of State'	be specific and cannot be more than five business of the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  ne date inserted in this block does not meet a seffective date on the Department of State?  LE VI: Other provisions, if any	the applicable statutory filing requirements, this date will not be so records.
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  ne date inserted in this block does not meet a seffective date on the Department of State?  LE VI: Other provisions, if any	the applicable statutory filing requirements, this date will not be so records.
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  ne date inserted in this block does not meet a seffective date on the Department of State?  LE VI: Other provisions, if any	the applicable statutory filing requirements, this date will not be so records.
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) ne date inserted in this block does not meet to seffective date on the Department of State?  LE VI: Other provisions, if any.	the applicable statutory filing requirements, this date will not be so records.
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  ne date inserted in this block does not meet a seffective date on the Department of State?  LE VI: Other provisions, if any	the applicable statutory filing requirements, this date will not be so records.
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) ne date inserted in this block does not meet to seffective date on the Department of State?  LE VI: Other provisions, if any.	the applicable statutory filing requirements, this date will not be so records.
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  ne date inserted in this block does not meet to seffective date on the Department of State.  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	the applicable statutory filing requirements, this date will not be so records.
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  ne date inserted in this block does not meet to seffective date on the Department of State.  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of the document is executed in a	the applicable statutory filing requirements, this date will not be so records.  Solve "  To an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes.
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  The date inserted in this block does not meet to seffective date on the Department of State.  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of the document is executed in a I am aware that any false inform	the applicable statutory filing requirements, this date will not be so records.
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  The date inserted in this block does not meet to seffective date on the Department of State?  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a membe  This document is executed in a I am aware that any false inform constitutes a third degree felony	the applicable statutory filing requirements, this date will not be so records.  Solver or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  The date inserted in this block does not meet to seffective date on the Department of State?  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a membe  This document is executed in a I am aware that any false inform constitutes a third degree felony	the applicable statutory filing requirements, this date will not be so records.  Solver or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State

Page 2 of 2

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

ARTICLE IV-