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Boca Raton, FL 33431

(T) 561.218.4947

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www.DorotBensimon.com INFO@DOROTBENSIMON.COM 2775 Sunny Isles Blvd., Suite 118 North Miami Beach, FL 33160

(T) 305.921.9421

(F) 305.395.3978

May 11, 2016

Registered Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

### RE: **GONSMAN CUSTOM DRAPERIES**

Dear Sir or Madam,

Enclosed, please find the following items for processing regarding the above referenced entity:

- 1. Articles of Conversion;
- 2. Articles of Organization; and
- 3. Check number 1119 in the amount of \$150.00

Thank you for your assistance in this matter.

Sincerely,

DOROT & BENSIMON PL

Daniel Bensimon, Esq.

For the Firm

### **COVER LETTER**

TO:	Registration S Division of C					
SURI	FCT. GONSMA	AN CUSTOM DRAPERII	ES, LLC			
осро	<u></u>	(Name	of Resulting Florida	Limite	ed Company)	
The en	nclosed Article ess Entity" into	s of Conversion, Artic a "Florida Limited L	les of Organization	on, an 'in a	nd fees are submitted to convert an "Of accordance with s. 605.1045, F.S.	her
Please	return all corre	espondence concernin	g this matter to:			
DANI	EL BENSIMON					
*****	<del></del>	(Contact Person)				
DORO	T & BENSIMON	•				
		(Firm/Company)				
2000 C	LADES ROAD,	SUITE 312				
		(Address)				
BOCA	RATON, FL 334	31				
	((	City, State and Zip Code)	<del></del>			
DBEN	SIMON@DORO	BENSIMON.COM				
E-m	nail Address: (to b	e used for future annual re	port notifications)			
For fu	rther information	on concerning this ma	tter, please call:			
DANII	EL BENSIMON		_at ()	218-4	4947	
	(Name of Conta	ct Person)	(Area Code)	(Day	ytime Telephone Number)	
Enclos	sed is a check for	or the following amou	nt:			
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing I and Certified Copy		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Regist Division Clifton	ET ADDRESS ration Section on of Corporation Building Executive Center	ons	Registra Division P. O. Bo	tion S of C ox 632	Corporations	

INHS11 (06/15)

Tallahassee, FL 32301

### **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: GONSMAN CUSTOM DRAPERIES INC.
(Y40122) (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of FLORIDA
NOVEMBER 20, 1973 (Enter state, or if a non-U.S. entity, the name of the country)
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the <b>attached Articles of Organization:</b> GONSMAN CUSTOM DRAPERIES, 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.)  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 11th	day of May	20 16	
Signat	ure of Authori	zed Representative di I	Limited Liability Company:	
Signati Printed	ure of Authorize	ed Representative: GONSMAN	Title: MANAGER	
	_ A	$\mathbf{\circ}$	ty:  See below for required signatus	re(s)
Signatu	ıre:	M.,	Title: PRESIDENT	
	_		Title: PRESIDENT	
Signati	ire: Line	& Bonesan		
Printed	l Name: TINA L.	GONSMAN	Title: VICE PRESIDENT	
Signatu	ıre:			
Printed	l Name:	******	Title:	
Signatu	ıre:			
Printed	Name:		Title:	
Signatu	ıre:	9.1 - 1 - 8		
Printed	Name:		Title:	
Signatu	ıre:			
Printed	Name:		Title:	
If Flor	ida Corporatio	n:		
Signatu	re of Chairman,	Vice Chairman, Director,		
If Direc	ctors or Officers	have not been selected, an	in Incorporator must sign.	
	ida General Par ire of one Gener	<mark>rtnership or Limited Lia</mark> al Partner.	ability Partnership:	
	ida Limited Par ures of <u>ALL</u> Gen		ability Limited Partnership:	
All oth Signatu	ers: are of an authoriz	zed person.		
Fees:				
	Articles of Con Fees for Florida Certified Copy Certificate of S	a Articles of Organizatio	\$25.00 on: \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compan	y is:
GONSMAN CUSTOM DRAPERIES, LLC (Must end with the words "Limited")	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
_	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
104 S. FEDERAL HWY.	104 S. FEDERAL HWY.
BOYNTON BEACH, FL 33435	BOYNTON BEACH, FL 33435
business entity with an active Florida registration.)  The name and the Florida street address of  JOHN H. GONSMAN	Registered Agent. You must designate an individual or another the registered agent are:
104 SOUTH FEDERAL HV	NY.
Florida street address	(P.O. Box <u>NOT</u> acceptable)
BOYNTON BEACH	FL 33435
City	Zip
liability company at the place designate registered agent and agree to act in this constant statutes relating to the proper and compared accept the obligations of my position a	nd to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and is registered agent as provided for in Chapter 605, F.S

(CONTINUED)

Page 1 of 2

	RT	CL		TXZ
А	K I		, M.	1 V -

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
MGR	JOHN H. GONSMAN		
	104 SOUTH FEDERAL HWY.	_	
	BOYNTON BEACH, FL 33435	_	
		_	
		_	
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		_	
(Use attachment if necessary)  CLE V: Effective date, if other than the	e date of filing: (OPTIC	IANC	(L)
CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.)	be specific and cannot be more than five busine the applicable statutory filing requirements, this date will no	ess da	ıys
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CLE V: Effective date, if other than the effective date is listed, the date must to days after the date of filing.)  If the date inserted in this block does not meet the effective date on the Department of State.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of this document is executed in action of the effective date of the effective date on the date of the effective date on the Department of State.	the applicable statutory filing requirements, this date will not be records.  r or an authorized representative of a member accordance with section 605.0203 (1) (b), Florida Statutes. Ination submitted in a document to the Department of State	ess da	ıys

### 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)
Page 2 of 2