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| (Red | questor's Name) | |
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| (Add | dress) | |
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| (City | //State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| - (Bus | siness Entity Nar | ne) |
| - (Doc | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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Office Use Only



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D CUSHING

COVER LETTER

| TO: Registration S Division of C | | | | |
|---|---|--|--|--|
| SUBJECT: <u>C</u> | HRISTO PHER (Name | REMODELIN of Resulting Florida Limite | od Company) | |
| | | | nd fees are submitted to ccordance with s. 605.1 | |
| Please return all corr | espondence concerning | g this matter to: | | |
| CHRISTO | (Contact Person) | ATES | | |
| 3550 K | (Firm/Company) | lpt2 | | ************************************** |
| LAKE W | (Address) ORTH ** City, State and Zip Code) | 33461 | | |
| inslea ders E-mail Address: (to b | o att- net e used for future annual re | port notifications) | | PH 3: 50 |
| For further informati | on concerning this ma | - | 01 90() | 50 |
| Name of Conta | overs Inc. | | 96 - 906 / ytime Telephone Number) | _ |
| Enclosed is a check | for 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 ADDRES Registration Section Division of Corporat | | MAILING A Registration Division of 0 | Section | |

P. O. Box 6327

Tallahassee, FL 32314

INHS11 (06/15)

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building



February 25, 2016

CHRISTOPHER L GATES 3550 KIRK RD., APT 2 LAKE WORTH, FL 33461

SUBJECT: CHRISTOPHER REMODELING, CORP.

Ref. Number: P16000013332

We have received your document for CHRISTOPHER REMODELING, CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong conversion application. Please complete the attached form and please notice the filing fees are different. We will need more money.

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) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 216A00003897



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 30, 2016

CHRISTOPHER L GATES 3550 KIRK RD., APT 2 LAKE WORTH, FL 33461

SUBJECT: CHRISTOPHER REMODELING, CORP

Ref. Number: P16000013332

We have received your document for CHRISTOPHER REMODELING, CORP and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

As stated in my letter of February 25, 2016 you have completed the wrong application. The application you completed is for a Florida Corporation converting into an out of state entity. What you are trying to do is to convert to a Florida Limited Liability Company. You need to complete the proper conversion application and submit Articles of Organization to form the LLC. Please complete the attached form and we will need an additional \$80.00.

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) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 216A00025469

RECEIVED

16 DEC 15 PM 3: 01

MYSSIGNIF SEPREMENT

AND SEPREMENT

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.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is aCORPORATION (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 |
| on 93/09 2016 (date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the country) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| CHRISTOPHER REMODELING 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. |

| Signed this both day of Jereelbe 6 | _20 <u>·16</u> |
|--|--|
| Signature of Authorized Representative of Limit | 0 . / |
| Signature of Authorized Representative: Printed Name: Chris. Gates | Title: AMBR |
| Signature(s) on behalf of Other Business Entity: | See below for required signature(s)] |
| Signature: Quistoper L. 6stes | Title: Presodent |
| Signature: Printed Name: | Title: |
| Signature:Printed Name: | |
| Signature:Printed Name: | Title: |
| Signature:Printed Name: | Title: |
| Signature:Printed Name: | Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc. | Officer. |
| If Florida General Partnership or Limited Liability 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) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: |
|--|
| CHRISTOPHER REMODELING (1) (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: |
| Principal Office Address: Mailing Address: SAME |
| LAKE WORTH, FL 33461 |
| 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: |
| Name 3273 Leke Worth R.J. Ste H Florida street address (P.O. Box NOT acceptable) |
| Pelm Joring FL 33461 City 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

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|---|---|
| "MGR" = Manager AMBL | CHRISTOPHER L. GATES 3550 KICK RJ. Apt 2 Lake WOLTH FL 33461 |
| | |
| | |
| | |
| · | |
| (Use attachment if necessary) | d la controllar |
| LE V: Effective date, if other than fective date is listed, the date m days after the date of filing.) | the date of filing: (OPTIONAL ust be specific and cannot be more than five business date the applicable statutory filing requirements, this date will not be listate's records. |
| LE V: Effective date, if other than fective date is listed, the date m days after the date of filing.) the date inserted in this block does not not seffective date on the Department of S | ust be specific and cannot be more than five business dancet the applicable statutory filing requirements, this date will not be list |
| LE V: Effective date, if other than fective date is listed, the date m days after the date of filing.) the date inserted in this block does not now seffective date on the Department of S LE VI: Other provisions, if any. | ust be specific and cannot be more than five business dancet the applicable statutory filing requirements, this date will not be list |
| LE V: Effective date, if other than fective date is listed, the date m days after the date of filing.) the date inserted in this block does not now seffective date on the Department of SLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a menual management of the document is executed I am aware that any false in constitutes a third degree feet. | ust be specific and cannot be more than five business dancet the applicable statutory filing requirements, this date will not be list |

ARTICLE IV-