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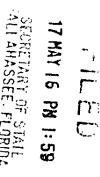
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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MAY 1 6 2017

K. Brumbley

COVER LETTER

	ing Section of Corporations		
SUBJECT:	AMERICAN	I VALUES	1776-2017, LCC
-	(Name of Resi	ulting Florida Limited Con	npany)
			d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all	correspondence concerning	g this matter to:	
	rocph DiFRAN	cesco	
AM	(Contact Person) (Contact Person) (EUCAN VALUE) (Firm/Company) (MERSON PLA (Address)	1776-20	017 LCC
383	(Firm/Company) EMERSON PLA	TIA # 1013	?
	(Address)		
_ ALTA	Mowte SPRING. (City, State and Zip Code)	r FL 3270	0/
	(City, State and Zip Code)		
	Jd@ 120NTV.	COM	
E-mail Address	: (to be used for future annual rep	oort notifications)	
	rmation concerning this mat		
Juseph (Name of	Di FRANCESCO Contact Person)	at (407) 3 (Area Code) (Day	rtime Telephone Number)
	eck for the following amour		sed by this office must be payable in US
\$150.00 Filing F (\$25 for Conversion & \$125 for Articles of Organization)		\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADD	RESS:	MAILING A	ADDRESS:
New Filing Sect		New Filing S	
Division of Corp		Division of C	<u>-</u>
Clifton Building	•	P. O. Box 63	41

Tallahassee, FL 32314

32301

2661 Executive Center

Circle Tallahassee, FL

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

Statutes.	
1. The name of the "Other Business En	ntity" immediately prior to the filing of the Articles of Conversion is:
(Enter Na	while 1716-2011 INC. P17-13153 ame of Other Business Entity)
2. The "Other Business Entity" is a	For Prof. 1 C Corporation. ter entity type. Example: corporation, limited partnership,
٤	general partnership, common law or business trust, etc.)
First organized, formed or incorporated	l under the laws of Florida
on 2/07/17 (date of organization, formation or incorpo	(Enter state, or if a non-U.S. entity, the name of the country) oration)
3. The name of the Florida Limited Lia AMERICA	ability Company as set forth in the attached Articles of Organization: W VALUES 1776-2017 LC Plorida Limited Liability Company)
4. If not effective on the date of filing, (The effective date: 1) cannot be pricafter the date this document is filed b the effective date listed in the attache	enter the effective date: 5/12/17. or to date of receipt or filed date nor more than 90 calendar days by the Florida Department of State; AND 2) must be the same as ed Articles of Organization, if an effective date is listed therein.) It meet the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been appr	roved in accordance with all applicable statutes.
6. The "Converted or Other Business Ent which such members are entitled unde	tity" has agreed to pay any members having appraisal rights the amount to er ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this day of	_20
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Toseph Di Francesco	Title: Prasident - Director
Signature(s) on behalf of Other Business Entity: [
Signature:	
Signature: Tov pph Di France Ico	Title: President - Dinactor
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	The latest and the la
Printed Name:	Title:
Signature:Printed Name:	Tial
Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> 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:	
AMERICAN VALUES	1771-1011 110
(Must contain the words "Limited Liability Company,	
ARTICLE II - Address: The mailing address and street address of the principal o	ffice of the Limited Liability Company is:
Principal Office Address: Mailin	g Address:
ALHAMONTE SPINGE FL 32701	SAME
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own Registered Agent, business entity with an active Florida registration.)	
The name and the Florida street address of the registered	
Joseph Di France Name	2/0
Name	
383 EMENON PLAT	A # 1013
Florida street address (P.O. Box NC	
ALTAMOINTE Spring FL City	32701
City	Zip
Having been named as registered agent and to accept so liability company at the place designated in this cert registered agent and agree to act in this capacity. I further statutes relating to the proper and complete performance accept the obligations of my position as registered at Registered Agent's Signature (R	ificate, I hereby accept the appointment as ther agree to comply with the provisions of all nce of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Memi	
"MGR" = Manager	<u>. </u>
MGR	Joseph Di Françaico MGR.
	383 ALTAROWK Spring #1013
	FL 32701
effective date is listed, the da	than the date of filing: 5/12/17 (OPTIONAL) te must be specific and cannot be more than five business da
ICLE V: Effective date, if other neffective date is listed, the date to or 90 calendar days after the lifthe date inserted in this block does neent's effective date on the Department	than the date of filing: 5/17 . (OPTIONAL) te must be specific and cannot be more than five business date date of filing.) not meet the applicable statutory filing requirements, this date will not be listed of State's records.
ICLE V: Effective date, if other n effective date is listed, the date to or 90 calendar days after the lifthe date inserted in this block does need to effective date on the Department	than the date of filing: 5/17 (OPTIONAL) te must be specific and cannot be more than five business date date of filing.) not meet the applicable statutory filing requirements, this date will not be lister of State's records.
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ICLE V: Effective date, if other a effective date is listed, the date to or 90 calendar days after the lift the date inserted in this block does nent's effective date on the Department ICLE VI: Other provisions, if an	than the date of filing: 5/17 (OPTIONAL) te must be specific and cannot be more than five business date date of filing.) not meet the applicable statutory filing requirements, this date will not be lister of State's records.
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ICLE V: Effective date, if other neffective date is listed, the date to or 90 calendar days after the lift the date inserted in this block does need it is effective date on the Department ICLE VI: Other provisions, if and This document is executed an aware that any false.	than the date of filing: te must be specific and cannot be more than five business date date of filing.) not meet the applicable statutory filing requirements, this date will not be lister of State's records. Ty. WWE member or an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State
ICLE V: Effective date, if other neffective date is listed, the date to or 90 calendar days after the lift the date inserted in this block does need it is effective date on the Department ICLE VI: Other provisions, if and This document is executed an aware that any false.	than the date of filing: te must be specific and cannot be more than five business date date of filing.) not meet the applicable statutory filing requirements, this date will not be listed of State's records. Ty. WWE member or an authorized representative of a member. The died in accordance with section 605.0203 (1) (b), Florida Statutes.
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ICLE V: Effective date, if other n effective date is listed, the date to or 90 calendar days after the lift the date inserted in this block does neent's effective date on the Department ICLE VI: Other provisions, if an REQUIRED SIGNATURE: Signature of a This document is exect I am aware that any false constitutes a third degree.	than the date of filing: te must be specific and cannot be more than five business date date of filing.) not meet the applicable statutory filing requirements, this date will not be lister of State's records. Ty. WWE member or an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State

` ARTICLE IV-