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	(Re	equestor's Name)	
	(Ac	ddress)	
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	(Ci	ty/State/Zip/Phon	e #)
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	(Bu	usiness Entity Na	me)
	(Do	ocument Number))
Certified Copie	·s	_ Certificate	s of Status
Special Instru	uctions to	Filing Officer:	
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Office Use Only



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FILED 17 JUN 27 FN 2: 59



T. BURCH JUN 28 2017

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Sonia's We Rock Paint! Inc.			
(Name of Re	esulting Florida Limit	d Compan	y)
The enclosed Articles of Conversion, Arti Business Entity" into a "Florida Limited I			
Please return all correspondence concernie	ng this matter to:		
Sonia Forbes			
(Contact Person)			
Sonia's We Rock Paint! Inc.			
(Firm/Company)			
4748 NW 5 Ave.			
(Address)			
Pompano Beach,			
(City, State and Zip Code)			
Fl 33064			
E-mail Address: (to be used for future annual r	eport notifications)		
For further information concerning this ma	atter, please call:		
Sonia Forbes (Name of Contact Person)	at (⁹⁵⁴	478-8377	
(Name of Contact Person)	(Area Code)	(Daytime	: Telephone Number)
Enclosed is a check for the following amo dollars and drawn on a bank located in the		ocessed	by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing land Certified Copy	C	\$185.00 Filing Fees, ertified Copy, and ertificate of Status
STREET ADDRESS:	MAILI	NG ADE	DRESS:
New Filing Section		ing Secti	
Division of Corporations		of Corp	orations
Clifton Building 2661 Executive Center	P. O. Bo Tallaha:	x 6527 see, FL	32314

32301

Circle Tallahassee, FL



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 31, 2017

SONIA FORBES 4748 NW 5 AVE POMPANO BEACH, FL 33064

SUBJECT: SONIA'S WE ROCK PAINT! INC.

Ref. Number: W17000045724

We have received your document for SONIA'S WE ROCK PAINT! INC. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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) 245-6052.

Tim Burch Regulatory Specialist III

Letter Number: 617A00010843

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 5,605,4045, Florida Statutes.

(Enter Name	of Other Business Entity)
2. The "Other Business Entity" is a Soma's	₩ e Rock Paint! LLC
(Enter er	nuty type. Example: corporation, limited partnership.
First organized, formed or incorporated unc	der the laws of Florida
on 11/7/2016 (date of organization, formation or incorporation)	(Enter state, or if a non-U.S. entity, the name of the country)
-	
	ty Company as set forth in the attached Articles of Organization
Sonia's We Rock Paint! LLC	ty Company as set forth in the attached Articles of Organization Limited Liability Company)

- 5. The plan of conversion has been approved in accordance with all applicable statutes.
- 6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under as 605.1006 and 605.1061-605.1072, F.S.

Signed this 26	day of May	20 17
Signature of Auth	norized Representative of Lin	nited Liability Company:
Charactonic of Assets	onimal Burnanantution	Tille: OWNER/MANAGER
Printed Manage Co	STIZED Representative:	Title: (2014) (2 / 14) (2 / 2)
ranica Name. 31	NA TURBES	Thie. Olonger MANAGER
Signature(s) on be	half of Other Business Entity:	[See below for required signature(s)]
Signature:	1.a-toskes	_ Title: Owner/Manager
Printed Name: 30	NIA FOCINES	Title Owner / Manager
;	1 (/	_ ····· <u>Bvallo.</u> /
Signature:/	michaet	Title: Seaptary
Printed Name:	lessica Watson	Title: Seaptary
Signature:		
Printed Name:		Title:
Signature:		Title:
rimed Name;		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
If Florida Corpora		
	nan, Vice Chairman, Director, or	
If Directors or Office	cers have not been selected, an It	ncorporator must sign.
If Elouida Cananal	Domanoskie os 4 isola d 4 istola	San Damana and Ca
Signature of one Go	Partnership or Limited Liabil	ny parinersnip:
argnature or one of	inciat i artifer.	
If Florida Limited	Partnership or Limited Liabil	ity Limited Partnershin:
Signatures of ALL		- 1277 - 127 - 127 - 127 - 127 - 127 - 127 - 127 - 127 - 127 - 127 - 127 - 127 - 127 - 127 - 127 - 127 - 127 -
C		
All others:		
Signature of an auth	norized person.	
<u>Fees:</u>		
A	Carrie	625.00
	Conversion:	\$25.00
	orida Articles of Organization:	\$125.00
Certified C	• •	\$30.00 (Optional)
Certificate	or Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
Sonia's We Rock Paint! LLC. (Must contain the words Limited Linb	othty Company, "L.E.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:
Pompano Beach, FI 33064	4748 NW 5 Ave Pompano Beach, FI 33064
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the	red Office. & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:
Sonia Forbes Na	ıme
4748 NW 5 Ave Florida street address (P	P.O. Box <u>NOT</u> acceptable)
Pompano Beach	FL 33064
City	Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as	d to accept service of process for the above stated limited l in this certificate. I hereby accept the appointment as pacity. I further agree to comply with the provisions of all te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S

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

Title:	Name and Address:
"AMBR" = Authorized Memb	et .
"MGR" = Manager	2011
MGR	Sonia Forbes
	4748 NW 5 Ave
	Pompano Beach, Fl 33064
AMBR	Jessica Watson
	4748 NW 5 Ave
	Pompano Beach, il 33064
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ffective date is listed, the date	than the date of filing: c must be specific and cannot be more than five business of
TLE V: Effective date, if other of the first date is listed, the date or 90 calendar days after the	than the date of filing: c must be specific and cannot be more than five business of date of filing.) of meet the applicable statutory filing requirements, this date will not be fis of State's records.
CLE V: Effective date, if other effective date is listed, the date or 90 calendar days after the the date inserted in this block does not's effective date on the Department of LE VI: Other provisions, if any REOUIRED SIGNATURES	than the date of filing: e must be specific and cannot be more than five business of date of filing.) of meet the applicable statutory filing requirements, this date will not be fis of State's records.
TLE V: Effective date, if other frective date is listed, the date or 90 calendar days after the the date inserted in this block does not's effective date on the Department of TLE VI: Other provisions, if any REQUIRED SIGNATURES	than the date of filing: e must be specific and cannot be more than five business of date of filing.) of meet the applicable statutory filing requirements, this date will not be fis of State's records. y.
ELE V: Effective date, if other effective date is listed, the date or 90 calendar days after the the date inserted in this block does not's effective date on the Department of ELE VI: Other provisions, if any Signature of a mathematical degree of the deg	than the date of filing: e must be specific and cannot be more than five business of date of filing.) of meet the applicable statutory filing requirements, this date will not be list of State's records. y. nember or an authorized representative of a member. ned in accordance with section 605 0203 (1) (b), Florida Statutes, a information submitted in a document to the Department of State of Hony as provided for in 8.817.155, F.S.
ELE V: Effective date, if other effective date is listed, the date or 90 calendar days after the the date inserted in this block does not's effective date on the Department of ELE VI: Other provisions, if any Signature of a mathematical degree of the deg	than the date of filing: e must be specific and cannot be more than five business of date of filing.) of meet the applicable statutory filing requirements, this date will not be list of State's records. y. nember or an authorized representative of a member. ned in accordance with section 605 0203 (1) (b), Florida Statutes, a information submitted in a document to the Department of State of Hony as provided for in 8.817.155, F.S.
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agen \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)