# L17000167153

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400302003374

08/04/17--01012--025 \*\*150.00



AUG 0 7 2017 T SCHROEDER

## COVER LETTER

TO: New Filing Section			
Division of Corpora	itions		
SUBJECT: ACC ROOFII	NG LLC		
50D0C01.	(Name of Resu	lting Florida Limited Con	rpany)
The enclosed Articles of C Business Entity" into a "Fl	onversion, Article orida Limited Lis	es of Organization, an bility Company" in a	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all correspond	dence concerning	this matter to:	
ANTOINETTA WETZSTEIN			
(Co	ntact Person)		
ACC ROOFING LLC			
(Fir	m/Company)		
634 S SPRING GARDEN AVE	i		
	(Address)		•
DELAND FL 32720			
(City, S	tate and Zip Code)		
VERNAM@DIROCCOCPA.C	ОМ		
E-mail Address: (to be used	for future annual rep	ort notifications)	
For further information co	ncerning this mat	ter, please call:	
ANTOINETTA WETZSTEIN		at ( 407 ) 927	-4768
(Name of Contact Per	son)	(Area Code) (Da	rüme Telephone Number)
Enclosed is a check for the dollars and drawn on a bar			sed by this office must be payable in US
	155.00 Filing Fees Certificate of as	☐\$180,00 Filing Fees and Certified Copy	Certified Copy, and Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Cit Tallahassee, FL 32301	rcle	MAILING AND New Filing States of Control of	Section Corporations 127

INHS11 (7/17)

### 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 accorda itatutes.	nce with s.605.1045, Florida
The name of the "Other Business Entity" immediately prior to the filing of the ACC ROOFING P.A. PI-4371	Articles of Conversion is:
(Enter Name of Other Business Entity)	<del></del>
. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership,	common law or business trust, etc.)
FLORIDA (Enter state, or if a non-U.S. en	ting the name of the grants A
05/09/2011	my, 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 attache	d Articles of Organization:
ACC ROOFING LLC	_
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:  [The effective date: Cannot be prior to date of receipt or filed date nor more the date this document is filed by the Florida Department of State.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	•
5. The plan of conversion has been approved in accordance with all applicable sta	atutes.
<ol> <li>The "Converted or Other Business Entity" has agreed to pay any members having which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.</li> </ol>	
	편 <sub>2</sub> <del></del>
	17 AUG - 1
	·

	Signed this 1 day of AUGUST	20 <u>17</u>
	Signature of Authorized Representative of Lim	ited Liability Company:
Ø	Signature of Authorized Representative:	Doe
	Printed Name: GIOVANNI VARSI	
<b>(A)</b>	Signature(s) on behalf of Other Business Entity: Signature:	[See below for required signature(s)]
	Printed Name: GIOVANNI VARSI	Title: DIRECTOR
3	Signature: Interrite tha ) Webrottom)	
	Printed Name: ANTOINETTA WETZSTEIN	Title: DIRECTOR
	Signature:	
	Printed Name:	
	Signature:Printed Name:	
	rnnted Name:	Title:
	Signature:Printed Name:	
		<del></del>
	Signature:Printed Name:	Tieles
	_	_ ride.
	If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer.
		,-
	If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
	If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
	Signatures of ALL General Partners.	
	All others: Signature of an authorized person.	
	Foes:	
	Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

The state of the s

TAUG-LAM 9: 25

The state of the s

British Commence of the second second

. . . .

ARTICLE I - Name: The name of the Limited	l Liability Compan	y is:	
ACC ROOFING LL	c		
		iability Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address The mailing address and		he principal office of the Limited	Liability Company is:
Principal Office Addre	<u>:58:</u>	Mailing Address:	7
634 S SPRING GARDEN A DELAND FL 32720	VE	634 S SPRING GARDEN AVE	
17ELAND FL 32720		DELANI) FL 32720	<del></del>
business entity with an active I	lorida registration.)	Registered Agent. You must designate an in the registered agent are:	¢
GiO	VANNI VARSI		
	1	Name	
634 :	SPRING GARDEN	aVE	
Flo	rida street address	(P.O. Box NOT acceptable)	
DEL	AND	FL 32720	
	City	Zip	
liability company o registered agent and o statutes relating to to	at the place designangeree to act in this of the proper and componers of my position	and to accept service of process for ted in this certificate, I hereby acce capacity. I further agree to comply office performance of my duties, and as registered agent as provided for	ept the appointment as with the provisions of all d I am familiar with and
(GV) _	J3.L	6	<i>□</i> ,,
	Registered Agent's	Signature (REQUIRED)	7 N
	(CON	TINUED)	AUG -4 A
	`u,		ME 9:25
	· .		ΘA S

"AMBR" = Manager  MGR  GIOVANNI VARSI  634 S SPRING GARDEN AVE  DELAND FL 32720  MGR  ANTOINETTA WETZSTEIN  634 S SPRING GARDEN AVE  DELAND FL 32720  (Use attachment if necessary)  CLE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member  This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware the any false information submitted in a document to the Department of State constitutes a third degree felo as provided for in s.817.155, F.S.  GIOVANNI VARSI  Typed or printed name of signee  Filing Fees  \$125.00 Filing Fee for Articles of Organization and Designation of Registered A \$30.00 Certified Copy (Optional)  \$5.00 Certificate of Status (Options)	"AMBR" = Authorized Member	
MGR  GIOVANNI VARSI  DELAND FL 32720  MGR  ANTONETTA WETZSTEIN 634 S SPRING GARDEN AVE DELAND FL 32720  (Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware the any false information submitted in a document to the Department of State constitutes a third degree felo as provided for in s.817.155, F.S.  GIOVANNI VARSI  Typed or printed name of signee Filling Fees  \$125.00 Filling Fee for Articles of Organization and Designation of Registered A \$ 30.00 Certified Copy (Optional)  \$ 5.00 Certificate of Status (Options)		Name and Address:
MGR  GIOVANNI VARSI  DELAND FL 33720  MGR  ANTONETTA WETZSTEIN 634 S SPRING GARDEN AVE DELAND FL 33720  (Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware the any false information submitted in a document to the Department of State constitutes a third degree felo as provided for in s.817.155, F.S.  GIOVANNI VARSI  Typed or printed name of signee Filling Fees  \$125.00 Filling Fee for Articles of Organization and Designation of Registered A \$ 30.00 Certified Copy (Optional)  \$ 5.00 Certificate of Status (Options)	"MGR" = Manager	
MGR  ANTOINETTA WETZSTEN 634 S SPRING GARDEN AVE DELAND FI. 32720  (Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware the any false information submitted in a document to the Department of State constitutes a third degree felo as provided for in s.817.155, F.S.  GIOVANNI VARSI  Typed or printed name of signee  Filing Fees  \$125.00 Filing Fee for Articles of Organization and Designation of Registered A \$ 30.00 Certified Copy (Optional)  \$ 5.00 Certificate of Status (Options)		GIOVANNI VARSI
ANTONETTA WETZSTEIN 634 S SPRING GARDEN AVE DELAND FI. 32720  (Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware the any false information submitted in a document to the Department of State constitutes a third degree felo as provided for in s.817.155, F.S.  GIOVANNI VARSI  Typed or printed name of signee Filing Fees  \$125.00 Filing Fee for Articles of Organization and Designation of Registered A \$ 30.00 Certified Copy (Optional)  \$ 5.00 Certificate of Status (Optional)		634 S SPRING GARDEN AVE
(Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware the any false information submitted in a document to the Department of State constitutes a third degree felo as provided for in s.817.155, F.S.  GIOVANNI VARSI  Typed or printed name of Signec  Filing Fees  \$125.00 Filing Fee for Articles of Organization and Designation of Registered A \$ 30.00 Certifical Copy (Optional)  \$\frac{5}{2} \frac{5}{2} \frac{1}{2} 1		DELAND FL 32720
(Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware the any false information submitted in a document to the Department of State constitutes a third degree felo as provided for in s.817.155, F.S.  GIOVANNI VARSI  Typed or printed name of signec  Filling Fees  \$125.00 Filling Fee for Articles of Organization and Designation of Registered A \$ 30.00 Certifical Copy (Optional)  \$ 5.00 Certificate of Status (Options)	MGR	ANTOINETTA WETZSTEIN
(Use attachment if necessary)  LE V: Other provisions, if any.  Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware th any false information submitted in a document to the Department of State constitutes a third degree felo as provided for in s.817.155, F.S.  GIOVANNI VARSI  Typed or printed name of signee  Filing Fees  \$125.00 Filing Fee for Articles of Organization and Designation of Registered A \$ 30.00 Certified Copy (Optional)  \$ 5.00 Certificate of Status (Options)		
REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware the any false information submitted in a document to the Department of State constitutes a third degree felo as provided for in s.817.155, F.S.  GIOVANNI VARSI  Typed or printed name of signee  Filing Fees \$125.00 Filing Fee for Articles of Organization and Designation of Registered A \$ 30.00 Certified Copy (Optional)  \$ 5.00 Certificate of Status (Optional)		DELAND F1. 32720
REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware the any false information submitted in a document to the Department of State constitutes a third degree felo as provided for in s.817.155, F.S.  GIOVANNI VARSI  Typed or printed name of signee  Filing Fees \$125.00 Filing Fee for Articles of Organization and Designation of Registered A \$ 30.00 Certified Copy (Optional)  \$ 5.00 Certificate of Status (Optional)		
REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware the any false information submitted in a document to the Department of State constitutes a third degree felo as provided for in s.817.155, F.S.  GIOVANNI VARSI  Typed or printed name of signee  Filing Fees \$125.00 Filing Fee for Articles of Organization and Designation of Registered A \$ 30.00 Certified Copy (Optional)  \$ 5.00 Certificate of Status (Optional)		
REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware the any false information submitted in a document to the Department of State constitutes a third degree felo as provided for in s.817.155, F.S.  GIOVANNI VARSI  Typed or printed name of signee  Filing Fees \$125.00 Filing Fee for Articles of Organization and Designation of Registered A \$ 30.00 Certified Copy (Optional)  \$ 5.00 Certificate of Status (Optional)		
REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member  This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware the any false information submitted in a document to the Department of State constitutes a third degree felo as provided for in s.817.155. F.S.  GIOVANNI VARSI  Typed or printed name of signee  Filing Fees  \$125.00 Filing Fee for Articles of Organization and Designation of Registered A \$30.00 Certified Copy (Optional)  \$5.00 Certificate of Status (Optional)		
REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware the any false information submitted in a document to the Department of State constitutes a third degree felo as provided for in s.817.155, F.S.  GIOVANNI VARSI  Typed or printed name of signee  Filing Fees \$125.00 Filing Fee for Articles of Organization and Designation of Registered A \$ 30.00 Certified Copy (Optional)  \$ 5.00 Certificate of Status (Optional)		
REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member  This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware the any false information submitted in a document to the Department of State constitutes a third degree felo as provided for in s.817.155. F.S.  GIOVANNI VARSI  Typed or printed name of signee  Filing Fees  \$125.00 Filing Fee for Articles of Organization and Designation of Registered A \$30.00 Certified Copy (Optional)  \$5.00 Certificate of Status (Optional)		
REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member  This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware the any false information submitted in a document to the Department of State constitutes a third degree felo as provided for in s.817.155. F.S.  GIOVANNI VARSI  Typed or printed name of signee  Filing Fees  \$125.00 Filing Fee for Articles of Organization and Designation of Registered A \$30.00 Certified Copy (Optional)  \$5.00 Certificate of Status (Optional)	(Use attachment if necessary)	
Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware th any false information submitted in a document to the Department of State constitutes a third degree felo as provided for in s.817.155, F.S.  GIOVANNI VARSI  Typed or printed name of signee  Filing Fees  \$125.00 Filing Fee for Articles of Organization and Designation of Registered A \$ 30.00 Certified Copy (Optional)  \$ 5.00 Certificate of Status (Optional)	<b>-</b> - <b>-</b> -	
Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware the any false information submitted in a document to the Department of State constitutes a third degree felo as provided for in s.817.155, F.S.  GIOVANNI VARSI  Typed or printed name of signee  Filing Fees  \$125.00 Filing Fee for Articles of Organization and Designation of Registered A \$ 30.00 Certified Copy (Optional)  \$ 5.00 Certificate of Status (Optional)		
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Options	DECHIDED CLCNATURE.	
	Signature of a member of This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.  GIOVANNI V	ARSI  yped or printed name of signee  Filing Fees
	Signature of a member of This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.  GIOVANNI V T  \$125.00 Filling Fee for Articles	ARSI  yped or printed name of signee  Filing Fees  of Organization and Designation of Registered Agen
	Signature of a member of This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.  GIOVANNI V T  \$125.00 Filing Fee for Articles	ARSI  yped or printed name of signee  Filing Fees  of Organization and Designation of Registered Agen
	Signature of a member of This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.  GIOVANNI V T  \$125.00 Filling Fee for Articles	ARSI  yped or printed name of signec  Filing Fees  of Organization and Designation of Registered Agen  (nal)  \$ 5.00 Certificate of Status (Optional)
	Signature of a member of This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.  GIOVANNI V T  \$125.00 Filling Fee for Articles	ARSI  Typed or printed name of signee  Filing Fees  of Organization and Designation of Registered Agen  (anal)  \$ 5.00 Certificate of Status (Optional)
	Signature of a member of This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.  GIOVANNI V T  \$125.00 Filling Fee for Articles	ARSI  Typed or printed name of signee  Filing Fees  of Organization and Designation of Registered Agen  (anal)  \$ 5.00 Certificate of Status (Optional)
· · · · · · · · · · · · · · · · · · ·	Signature of a member of This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.  GIOVANNI V T  \$125.00 Filling Fee for Articles	ARSI  Typed or printed name of signee  Filing Fees  of Organization and Designation of Registered Agen  (anal)  \$ 5.00 Certificate of Status (Optional)
	Signature of a member of This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.  GIOVANNI V T  \$125.00 Filling Fee for Articles	ARSI  Typed or printed name of signee  Filing Fees  of Organization and Designation of Registered Agen  small)  \$ 5.00 Certificate of Status (Optional)
<del></del> ,	Signature of a member of This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.  GIOVANNI V T  \$125.00 Filling Fee for Articles	ARSI  yped or printed name of signee  Filing Fees  of Organization and Designation of Registered Agen  (anal)  \$ 5.00 Certificate of Status (Optional)
	Signature of a member of This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S.  GIOVANNI V T  \$125.00 Filing Fee for Articles	ARSI  Typed or printed name of signee  Filing Fees of Organization and Designation of Registered Agental)  \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-