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(Req	uestor's Name)	
(Add	ress)	
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(City)	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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#### **COVER LETTER**

TO: New Filing See			
SUBJECT, REFLEC	FIONS IN STAINED GLA	ASS, LLC	
SUBJECT.	(Name of Res	ulting Florida Limited	Company)
			n, and fees are submitted to convert an "Other in accordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
KATHLEEN SITARSKI			
	(Contact Person)		
REFLECTIONS IN STA	AINED GLASS LLC		
	(Firm/Company)		
4223 VALENTINE AVE	3.		
	(Address)		
THE VILLAGES, FLOR	RIDA 32163		
	City, State and Zip Code)	<u> </u>	
sumsit@hotmail.com	•		
E-mail Address: (to b	e used for future annual re	port notifications)	
For further information	on concerning this ma	tter, please call:	
MICHAEL SITARSKI		at (734	497-1888
(Name of Conta	ict Person)	(Area Code)	(Daytime Telephone Number)
dollars and drawn on	a bank located in the	United States)	becessed by this office must be payable in US  ees \$\B\$5.00 Filing Fees,
(\$25 for Conversion & \$125 for Articles of Organization)	and Certificate of Status	and Certified Copy	
STREET ADDRES	S:	MAILIN	NG ADDRESS:
New Filing Section		New Fili	ng Section
Division of Corporat	ions		of Corporations
Clifton Building		P. O. Bo	
2661 Executive Cent	er Circle	Tallahas	see, FL 32314

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: REFLECTIONS IN STAINED GLASS LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
JANUARY 15, 2014 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
REFLECTIONS IN STAINED GLASS 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 than 90 calendar days after 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, 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.
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 ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 27TH day of SEPTEMBER	_ 20_17
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Xatherinted Name: KATHLEEN SITARSKI	Elica Stalike Title: GENERAL PARTNER
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Michael starth	COURT AL DE DEVER
Printed Name: MICHAEL SITARSKI	Title: GENERAL PARTNER
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	0.07
Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc.	
	,
If Florida General Partnership or Limited Liabili 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:		
REFLECTIONS IN STAINED GLASS LLC		
(Must contain the words "Limited Liability	Company, "L.L.C.," or "L.L.C.")	
ARTICLE II - Address:		
The mailing address and street address of the pri	incipal office of the Limited Liability	/ Company is:
Principal Office Address:	Mailing Address:	
4223 VALENTINE AVE	sumsit@hotmail.com	
THE VILLAGES, FLORIDA 32163		<del>_</del>
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an individual or	
4	•	
<u>Kathlin S</u>	Mulake	
4223 Val	entire Ave.	
Florida street address (P.O.	<del></del>	
The Victory	FL 32163	
City)	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capace statutes relating to the proper and complete p accept the obligations of my position as reg	this certificate, I hereby accept the ap ity. I further agree to comply with the performance of my duties, and I am fai	opointment as provisions of all miliar with and
Kathleen L Registered Agent's Sign	Ictarske ==	. <del></del>
Registered Agent's Sign	nature (REQUIRED)	 17 0CT -2
(CONTIN	UED)	-2 M 9: 0

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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 Member		
"MGR" = Manager		
GENERAL PARTNER	MICHAEL SITARSKI	
	4223 VALENTINE AVE.	
	THE VILLAGES, FLORIDA 32163	
GENERAL PARTNER	KATHLEEN SITARSKI	
	4223 VALENTINE AVE.	
	THE VILLAGES, FLORIDA 32163	
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(Use attachment if necessary)	, ·	ı
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CLE V: Other provisions, if any.	Ţ.	
CLE V. Other provisions, it any.	5 7	
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**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 that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

KATHLEEN SITARSICI
Typed or printed name of signee

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)