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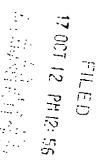
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T. BURCH

## COVER LETTER

10:	Division of C	orporations					
SUBJ	ECT:	Custom (	raft Wood	and	Tile	LLC	
3523		(Name of R	esulting Florida Limited Co	mpany)			
			icles of Organization, a Liability Company" in a				"Othe
Please	return all corre	espondence concerni	ng this matter to:				
<u></u>	Oseph 1	Weir					
Cu	tom Cra	(Contact Person) FH Wood a	nd Tile LLC Place				
178	324 Hic	(Firm/Company) Kury Mess	Place				
Ta	mpa	(Address)  F1. 3364  City, State and Zip Code  F+CO O g Moe  e used for future annual	17				
	. ((	City, State and Zip Code	)				
	ustome ra	ftco@ gma	ail.com				
E-n	nail Address: (to b	e used for future annual	report notifications)				
For fu	rther information	on concerning this m	atter, please call:				
	Toseph	Weir	at ( <u>813</u> ) (Area Code) (Da	629-2	382		
	(Name of Conta	ct Person)	(Area Code) (Da	ytime Telep	hone Numb	er)	
		or the following amo	ount: (All checks proces e United States)	ssed by thi	s office m	ust be payable i	in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status		Certified	00 Filing Fed Copy, and te of Status	es,	
STRE	ET ADDRESS	S:	MAILING.	ADDRES	S:		
	iling Section		New Filing				
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	n Building Executive Cente	er Circle	P. O. Box 63 Tallahassee,		4		
			1 million (100)		-		

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:  Custom Craft Wood and Tile Co.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation p17-64287  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on July 31, 2017 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Custom Craft Wood and Tile LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: July 31, 2017.  (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.

Signature of Authorized Representative of Limi	ted Liability <u>Company:</u>
Signature of Authorized Representative: JW/N Printed Name: Joseph Weil	Title: Owner
Printed Name: Joseph Welli	_ little:
Signature(s) on behalf of Other Business Entity: [	See below for required signatur
him Millian	
Signature: MM MWh Printed Name: Toseph Weir	Title: Charges /2144
Printed Name: Septim Gen	Title. Channel 13011
Signature:	
Signature:Printed Name:	_ Title:
Signature	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	_ Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	man's a
Printed Name:	_ Title:
Timiled Name.	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer.
If Florida Corporation:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	corporator must sign.
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability	corporator must sign.
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	corporator must sign.
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.  If Florida General Partnership or Limited Liability Signature of one General Partner.  If Florida Limited Partnership or Limited Liability	corporator must sign.  ty Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.  If Florida General Partnership or Limited Liability Signature of one General Partner.	corporator must sign.  ty Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc.  If Florida General Partnership or Limited Liability Signature of one General Partner.  If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	corporator must sign.  ty Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc.  If Florida General Partnership or Limited Liability Signature of one General Partner.  If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.  All others:	corporator must sign.  ty Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc.  If Florida General Partnership or Limited Liability Signature of one General Partner.  If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.  All others: Signature of an authorized person.	corporator must sign.  ty Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc.  If Florida General Partnership or Limited Liability Signature of one General Partner.  If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.  All others:	corporator must sign.  ty Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc.  If Florida General Partnership or Limited Liability Signature of one General Partner.  If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees:	corporator must sign.  ty Partnership:  ty Limited Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc.  If Florida General Partnership or Limited Liability Signature of one General Partner.  If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees:  Articles of Conversion:	ty Partnership:  ty Limited Partnership:  \$25.00
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc.  If Florida General Partnership or Limited Liability Signature of one General Partner.  If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees:	corporator must sign.  ty Partnership:  ty Limited Partnership:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Custom Croft Wood and Tile L.L.C.

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Principal Office Ad	dress:		<u>Mailing</u>	Address:	
17824 Hickor Tampa , FI.	y Moss 3364	Place		824 Hickonanga, F	n Muss Place 1. 33647
ARTICLE III - Reg The Limited Liability Com- business entity with an act	pany cannot ser	ve as its own Regist			
The name and the Fl				gent are:	
	Jos	eph Wei Name	<u>'</u>		
	17824	Hickory et address (P.O	M055	Place	
_	Florida stree	et address (P.O	. Box <u>NOT</u>	acceptable)	
	Tampa		FL	33647	
_	<del></del>	City		Zip	
liability compar registered agent ar statutes relating i	ny at the place and agree to a to the proper gations of my	e designated ir ct in this capac and complete j	this certifu ity. I furthe performance gistered age	cate, I hereby or or agree to con e of my duties, nt as providea	s for the above stated lim accept the appointment a aply with the provisions o and I am familiar with a I for in Chapter 605, F.S.

(CONTINUED)

Α	R	TI	C	LΕ	I	/_
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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Joseph Weir 17824 Hickory Muss Place Tampa F1 33647
	<del></del>
<del>-,</del>	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:  MM MM	
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that the Department of State constitutes a third degree felor
Joseph L	Jeir
Тур	ped 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)