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(Red	questor's Name)	
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PICK-UP	MAIT	MAIL
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(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to I	Filing Officer:	

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SECRETARY OF STATE!
TALL AHASSES, FLORIDA

DEC 20 2017 T SCHROEDER

COVER LETTER

New Filing Division of	Section f Corporations		
21VISION ()	r Corporations		
SUBJECT:	DOUTHWEST	PAINTING	L. L. C
	(Name of F	Resulting Florida Limited C	Company)
The enclosed Artic Business Entity" in	cles of Conversion, Art nto a "Florida Limited	icles of Organization, Liability Company" in	and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
	rrespondence concerni		
ARTHUR	F. WILGUS		
South WES	(Contact Person) ST PAINTIN	L.L.C.	
P.O. Box	(Firm/Company) ER LINE (0	URT	
	(Address)		
TEHURIDE,	(City, State and Zip Code)	31435-1277	
ARKE Sour	HWEST PALL	م میرینا	-4
E-mail Address: (to I	be used for future annual re	port notifications)	~
For further informati	on concerning this ma	tter, please call:	
/\	WILGUS act Person)	_	oq. 0597 rtime Telephone Number)
Enclosed is a check f dollars and drawn on	or the following amous a bank located in the t	nt: (All abouts =	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MAILING A	DDDFCC.

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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 s.605.1045, Florida Statutes.

1.	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
	(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.)
Fi	rst organized, formed or incorporated under the laws of STATE & COLORADO (Enter state, or if a non-U.S. entity, the name of the country)
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:
	Southwest Painting L. L. C. (Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
No	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.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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.
	FILED 77 DEC 19 AM 10: 2: SECRETARY OF STATE TALLAHASSEE, FLORID

Signed this 17 day of SEPHEMBE	<u>1 20 17</u>		
Signature of Authorized Representative of Li	imited Liability Company:		
Signature of Authorized Representative: Printed Name: ARTHUR F. WILLUS	thus F. Kilgus Title: OWNER		
Signature(s) on behalf of Other Business Entity Signature: F. Wlgus Printed Name: ARIHUR F. WILGUS	· ISaa halan famaa · · · ·	1	
Printed Name: ARTHUR F. WILLUS	Title: OWNER		
Signature:			
Signature: Printed Name:	Title:		
Signature:			
Signature: Printed Name:	Title:	·	
Signature: Printed Name:	Title:	_	
Signature:			
Signature: Printed Name:	Title:	 	
Signature:Printed Name:	Title:	13 1AC 1AC	
If Florida Corporation:		17 DEC 19 SECKE JARY FALL AHASSEE	~77
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer.	C 19 LASS	
		Ma →	
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity Partnership:	AM 10: 2 OF STAT E. FLORE	J
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ity Limited Partnership:	ATE ORIOA)
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:

Must contain the words "Limited Liability Company, "L.L.C.," or "I.L.C.,"	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is	s:
Principal Office Address:	
2231 BENDWAY DRIVE P.O. BOX 380218 PORT CHARLOHE MURDOCK FLORIDA 33948 FLORIDA 33938-0218	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual of another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are: ARTIWIZ F. WILGUS Name Name	٦ =
Florida street address (P.O. Box NOT acceptable)	ロフ
PORT CHARLOHE FL 33948 City Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of a statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S Registered Agent's Signafure (REQUIRED)	

(CONTINUED)

Company:	authorized to manage and control the Limited Lia
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	MICHELLE WILLOUS
	2231 BENDWAY DRIVE
	PORT CHARLOHE, FL 339
	10/10/20
	-
	. ————————————————————————————————————
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(Use attachment if necessary)	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
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	AM 10: OF STA
TICLE V: Other provisions, if any.	ORIC ORIC
	ih .
PEOURED CLONATURE	
REQUIRED SIGNATURE:	
Justen F. W	2 <i>0</i> .
Signature of a member of on	
This document is executed in accordance with	authorized representative of a member a section 605.0203 (1) (b), Florida Statutes. I am aware that
any false information submitted in a document	n section 605.0203 (1) (b), Florida Statutes. I am aware that to the Department of State constitutes a third degree felony
- ARTHUR F. 1	ANI AUS
	Or printed nome of
Typed	or printed name of signee
ARTHUR F. 1 Typed	Filing Fees rganization and Designation of Registered Agen

ARTICLE IV-