L18000109936

(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:

MISUW 21373

MAY 0 7 2313

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02/27/18--01026--007 **35.00

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SECRETARY OF JULE TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

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THE OPEN THE SERVICES

April 24, 2018

JACKIE ROJAS-QUINONES ACCOUNTING & BEYOND LLC 7121 N. HABANA AVE TAMPA, FL 33614

SUBJECT: J & DM TILES LLC Ref. Number: W18000021373

We have received your document for J & DM TILES LLC and your check(s) totaling \$185.00. 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 the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 818A00007271

www.sunbiz.org

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COVER LETTER

TO: New Filing Section Division of Corporations	
	Florida Limited Company)
The enclosed Articles of Conversion, Articles of Business Entity" into a "Florida Limited Liability".	Organization, and fees are submitted to convert an "Othery Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this	matter to:
JACKIE ROJAS-QUINON	VES
ACCOUNTING + BEYOND (Firm/Company)	<u>ue</u>
7121 N. HABANA AVE	,
TAMPA FL 33614 (City, State and Zip Code)	
ACCUNTING AND BEYOND E-mail Address: (to be used for future annual report no	Mas. JAMS @
For further information concerning this matter, p	please call:
TACKE ROJAS - QUINONES at (Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (A dollars and drawn on a bank located in the United	All checks processed by this office must be payable in US d States)
-	180.00 Filing Fees Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301

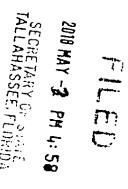
Articles of Conversion For "Other Business Entity"

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: J + DM TILES CORP.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is aCORPORATION
First organized, formed or incorporated under the laws of FWIDA (Enter state, or if a non-U.S. entity, the name of the country)
on 10 4 2014 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
J+DM TILES 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 28TH day of MARCH	_ 20_18
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: Printed Name: <u>UESTIN MORTIN</u>	Title: MMGR
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:Printed Name: UESTIN MARTIN	_ Title:P
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc	Officer.
<u>lf Florida General Partnership or Limited Liabili</u> Signature of one General Partner.	ty Partnership:
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> 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

(Must contain the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
26545 DAYFLOWER BLVD WESLEY CHAPEL, FL 33544	SAME

VESTIN MARTIN
Name

26545 DAYFOWER BLVD.
Florida street address (P.O. Box NOT acceptable)

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 all 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 Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	MARTIN LESTIN 26545 DAYFLOWER BLY WESLEY CHAPEL, FL 3354
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
(Use attachment if necessary) CLE V: Other provisions, if any.	
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document is provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware t ment to the Department of State constitutes a third degree fel
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware t ment to the Department of State constitutes a third degree fel

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

ARTICLE IV-