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(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



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18 MAY -4 AM ID: 14
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

MAY 1 0 2018
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COVER LETTER

Division of Corporations	
SUBJECT: Superior Carpentry LLC	
	of Resulting Florida Limited Company)
	Articles of Organization, and fees are submitted to convert an "Other ted Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence cond	eerning this matter to:
Juan G Morales	
(Contact Person	
Superior Carpentry LLC	
(Firm/Company)	
2609 Autumn Creek Cir	
(Address)	
Kissimmee, Fl. 34747	
(City, State and Zip (Code)
gerald.superior.carpentry@gmail.com	
E-mail Address: (to be used for future an	nual report notifications)
For further information concerning th	is matter, please call:
Juan G Morales	at (303) 435-7328
(Name of Contact Person)	at (303) 435-7328 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following dollars and drawn on a bank located is	amount: (All checks processed by this office must be payable in US n the United States)
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □\$155.00 Filing and Certificate of Status	
STREET ADDRESS: 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 <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.

Signed this 19 day of April	20_18
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Juan G Morales	<u> </u>
Printed Name: Juan G Morales	Title: Mgr
Signature(s) on behalf of Other Business Entity:	
Signature:	
Signature:Printed Name: Juan Morales	Title: President
Signature	
Signature: Printed Name:	Title:
	·
Signature:Printed Name:	Title
Timted Name.	Title.
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
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Signature: Printed Name:	Title
Trinco Name.	
If Florida Corporation:	-
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida I instead Donto anti- and Links d Links	so Linda d D
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
<u></u> (3.10111) , u , u1.012	7.
All others:	:F
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:		
The name of the Limited Liability Company	y 15.	
Superior Carpentry LLC		•
(Must contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
The mailing address and street address of the	ne principal office of the Limi	ited Liability Company is:
Principal Office Address:	Mailing Address:	
2609 Autumn Creek Cir	2609 Autumn Creek Cir	
Kissimmee, Fl, 34747	Kissimmee, Fl., 34747	

		SECRETARY OF
2609 Autumn Creek Cir	D.O. Bay NOT againstable)	
r fortda street address ((P.O. Box <u>NOT</u> acceptable)	FLOGRAND
Kissimmee	FL 34747	8 F
City	Zip	
Having been named as registered agent as liability company at the place designate registered agent and agree to act in this constatutes relating to the proper and complete accept the obligations of my position as Registered Agent's	ed in this certificate. I hereby a upacity. I further agrec to con letc performance of my duties,	accept the appointment as apply with the provisions of all and I am familiar with and

(CONTINUED)

ARTICLE IV-

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

	
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Filing Fees