# 118000131099

(Requestor's Name)
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18 MAY 23 AM 9: 14
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

MAY 2 9 2018 T SCHROEDER

# **COVER LETTER**

	sion of C	orporations						
SUBJECT:	EVR PAII	NTING & SERVICES, LL	C.					
SCHOLET.		(Name of Res	ultin	g Florida Limi	ed Cor	npany)		
						nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.		
Please return	n all corre	espondence concerning	g thi	s matter to:				
JASMINE RO	DRIGUEZ							
	- 7	(Contact Person)			•			
BEST QUICK	TAX RET	URNS, INC						
		(Firm/Company)			5			
320 S B UMB	Y AVE ST	E 10						
		(Address)						
ORLANDO F	L 32803	, ,						
	(0	City, State and Zip Code)			-			
E-mail Ad	dress: (to be	e used for future annual rep	ort r	notifications)	•			
For further i	informatio	on concerning this mat	ter,	please call:				
JASMINE RO	DRIGUEZ		at	( <del>407</del>	\ <sup>896-1</sup>	7921		
(Nan	ne of Conta	ct Person)		(Area Code)	(Da	ytime Telephone Number)		
		or the following amou a bank located in the l			roces	sed by this office must be payable in US		
\$150.00 Fi (\$25 for Conv. & \$125 for Ar of Organizatio	ersion ticles	☐\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing d Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
STREET A	DDRESS	S:		MAIL	ING A	ADDRESS:		
New Filing Section				New Filing Section				
Division of		ons				Corporations		
Clifton Buil 2661 Execu		om Cinala		P. O. B				
2001 Execu	uve cente	a Circie		i ailaha	ssee,	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:  EVR PAINTING CORP
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
02/01/2013
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
EVR PAINTING & SERVICES, 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



Signed this 15th	day of MAY	20 18
Signature of Autho	orized Representative	of Limited Liability Company:
Signature of Author	ized Representative:	
Printed Name: EDWI	N VILLAFANE	Title: MGRM
		ntity: [See below for required signature(s)]
Signature:	$\land$	
Printed Name: EDWH	KVILLAFANE	Title: PRESIDENT
o: .		
Printed Name: HARO	LD VILLAFANE SR	Title: VICE PRESIDENT
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Printed Name:		Title:
If Florida Corporat Signature of Chairm	<del>non:</del> an, Vice Chairman, Dire	ctor or Officer
		d, an Incorporator must sign.
If Florida Conoral I	Pa <u>rtnership</u> or Limited	Liability Partnerships
Signature of one Ger		Liability rai thersing.
IC Thoulds I instead t	Dana,	Tinkilian Limited Deservable.
Signatures of ALL C		Liability Limited Partnership:
All others: Signature of an author	orized person.	
Fees:		

Articles of Conversion:

Certificate of Status:

Certified Copy:

Fees for Florida Articles of Organization:

\$30.00 (Optional) \$5.00 (Optional)

\$25.00

\$125.00

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company i	s:	
EVR PAINTING & SERVICES, LLC.		·····
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limite	ed Liability Company is:
Principal Office Address:	Mailing Address:	
11917 HATCHER CIR	11917 HATCHER CIR	
ORLANDO FL 32824	ORLANDO FL 32824	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registers) business entity with an active Florida registration.)  The name and the Florida street address of the EDWIN VILLAFANE	istered Agent. You must designate an	
Nar	me	
Florida street address (P.	O. Box NOT acceptable)	
ORLANDO	FL 32824	
City	Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as the proper and complete accept the obligations of my position as the proper and complete accept the obligations of my position as the proper and provides the control of the proper and complete accept the obligations of my position as the proper and provides the provi	in this certificate, I hereby ac acity. I further agree to comp e performance of my duties, a	ccept the appointment as ply with the provisions of all and I am familiar with and
- Zent		
Registered Agent's Si	gnature (REQUIRED)	
(CONTI	NUED)	F 11 18 MAY 23 SECKE JAR TALL AHASSI

Α	R	T	l	C	L	E	1	V	-
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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:						
"AMBR" = Authorized Member							
"MGR" = Manager							
MGRM	EDWIN VILLAFANE						
	11917 HATCHER CIR						
	ORLANDO FL 32824						
<del></del>							
	<b></b>						
	18 18 18 18 18 18 18 18 18 18 18 18 18 1						
<del></del>							
	SE-Y						
(Use attachment if necessary)	m_						
•	AAR S						
	STA LOR						
ICLE V: Other provisions, if any.	_ <u></u>						
<del></del>							
<u></u>							
BEOLUBED GLOVATURE							
REQUIRED SIGNATURE:							
Enely							
Signature of a member or	an authorized representative of a member						
This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes, I am aware that						
any false information submitted in a docu	iment to the Department of State constitutes a third degree felor						
as provided for in s.817.155, F.S.							
EDWIN VILLAFANE							
	yped 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)