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<i>u</i> 5		
(Requestor's Name)		
(Address)		
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	.
PICK-UP	☐ WAIT	MAIL
(Bi	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		

Office Use Only



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SECRETARY OF STATE ALLAHASSEE. FLORIDA

AUG 0 7 2018
T SCHROEDER

COVER LETTER

TO:	New Filing S Division of C			
SUBJ	FCT: CUSTON	M BLINDS AND INTERIO	ORS, LLC	
00130		(Name of Res	sulting Florida Limited Co	mpany)
				nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please	return all corr	espondence concernin	g this matter to:	
JO AN	IN M. KOONTZ,	ESQ.		
		(Contact Person)		
KOON	TZ & ASSOCIA	TES, PL		
		(Firm/Company)		
1613 F	RUITVILLE RD			
		(Address)	· 	
SARA	SOTA. FL 34236	5		
	(0	City, State and Zip Code)		
SARA	SOTADECDEN	@YAHOO.COM		
E-n	nail Address: (to b	e used for future annual re	port notifications)	
For fu	rther informati	on concerning this ma	tter, please call:	
JO AN	N M. KOONTZ		_at (<u>941</u>)_225	-2615
	(Name of Conta	ict Person)	(Area Code) (Da	ytime Telephone Number)
Enclos dollars	sed is a check f s and drawn on	or the following amou a bank located in the	nt: (All checks proces United States)	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles nization)	■\$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
New E Division Clifton	ET ADDRESS Tiling Section on of Corporati Building Executive Center	ions	MAILING A New Filing S Division of C P. O. Box 63 Tallahassee.	Section Corporations 27

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.

	(Enter Name of Other Business Entity)
2. The "Other B	Usiness Entity" is a LIMITED LIABILITY COMPANY
(Ente	r entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc
First organized, f	ormed or incorporated under the laws of
04/02/2009	
(date of organiza	ation, formation or incorporation)
	he Florida Limited Liability Company as set forth in the attached Articles of Organization: AND INTERIORS, LLC
	(Enter Name of Florida Limited Liability Company)
4. If not effective	e on the date of filing, enter the effective date:
(The effective da the date this doc <u>Note:</u> If the date ins	tte: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after cument is filed by the Florida Department of State.) erted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
(The effective da the date this doc <u>Note:</u> If the date ins document's effective	tte: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after ument is filed by the Florida Department of State.) erted in this block does not meet the applicable statutory filing requirements, this date will not be disted as the

* 1		
Signed this 31ST day o	of JULY	
Signature of Authorized R	epresentative of Limi	ted Liability Company:
Signature of Authorized Rep Printed Name: CHERYL SCUR	presentative:CN RLOCK	Tile: MANAGER
		See below for required signature(s)
Signature: Church	muslock s	Title: MANAGER
Printed Name: CHERYL SCUP	RLOCK	Title: MANAGER
Printed Name:		Title:
Signature:		
Printed Name:		_ Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		_ Title:
If Florida Corporation:		
Signature of Chairman, Vice	Chairman Director or	Officer
If Directors or Officers have t	not been selected, an Inc	corporator must sign.
If Florida General Partners	hip or Limited Liabili	ty Partnership:
Signature of one General Part	ner.	
If Florida Limited Partners Signatures of <u>ALL</u> General P	<mark>hip or Limited Liabili</mark> artners.	y Limited Partnership:
All others: Signature of an authorized per	rson.	
Fees:		
Articles of Conversion Fees for Florida Artic Certified Copy: Certificate of Status:		\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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SECRITARY OF STATE
FALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR ARTICLE I - Name: The name of the Limited Liability Company		LIMITED LIAI	BILITY COMPANY
The name of the Elimed Elability Company	13.		
CUSTOM BLINDS AND INTERIORS, LLC			
(Must contain the words "Limited Lia	bility Company.	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal o	ffice of the Limite	d Liability Company is:
Principal Office Address:	<u>Mailin</u>	g Address:	
9739 CARNOUSTIE PL.		ARNOUSTIE PL.	
BRADENTON, FL 34211	BRADE	NTON, FL 34211	
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the server and the se	egistered Agent.	You must designate an	
	ic registered	agent are:	
CHERYL SCURLOCK	ame		
9739 CARNOUSTIE PL.	anic		
Florida street address (F	P.O. Box NC	T acceptable)	
BRADENTON		34211	
City	FL_	Zip	
Having been named as registered agent an liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d in this certi pacity. I furti ete performai	ficate, I hereby acc her agree to compl ice of my duties, ar	cept the appointment as ly with the provisions of all nd I am familiar with and
Registered Agent's S	CUALOT D Signature (RI TNUED)	EQUIRED)	TALLAHAS
			-6 MHD: 31 -6 MHD: 31 SSEE FLORIDA

ARTICLE IV-

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	OHEDAL CONDI CON
MGR	CHERYL SCURLOCK
	9739 CARNOUSTIE PL.
	BRADENTON, FL 34211
	
(Use attachment if necessary)	7
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	AUG AHA
CLE V: Other provisions, if any.	4AS
	<u> </u>
·	
REQUIRED SIGNATURE:	98.74 3
0: 1	
Charl Dougland) _
Signature of a/member or a	in authorized representative of a member
This document is executed in accordance v	with section 605.0203 (1) (b), Florida Statutes, I am aware that
any false information submitted in a docum as provided for in s.817.155, F.S.	nent to the Department of State constitutes a third degree felony
·	
CHERYL SCURLOCK	
Тур	oed 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)