18000291013

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only

K. PAGE

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18 DEC 21 PH 5: 43



December 13, 2018

THOR BULCKENS 1035 RUTH DRIVE EDGEWATER, FL 32132

SUBJECT: TRENDSETTER HOME IMPROVEMENT LLC

Ref. Number: W18000107417

We have received your document for TRENDSETTER HOME IMPROVEMENT LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the jurisdiction and the date on which the converting entity was first created or otherwise came into being.

Please return 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.

Keyna E Page Regulatory Specialist II

Letter Number: 018A00025560

2018 DEC 21 PH 2: 50

COVER LETTER

Division of Corporations
SUBJECT: TRENDSETTER HOME IMPROVEMENT LLC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
THOR BULCKENS (Contact Person)
TRENDSETTER HOME IMPROVEMENT (Firm/Company)
1035 RUTH DRIVE (Address)
EDGEWATER FL 3L13L (City, State and Zip Code) thurbulkens a Grman l: com
E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call:
Thur BULCKENS at (402) 860 - 1758 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
\$150.00 Filing Fees (\$25 for Conversion & S125 for Articles of Organization) \$\int \text{S125} \text{ for Articles} \text{ S125} for A
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building P. O. Box 6327 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: TKEND SETTER HOME IMPROVEMENT LLC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: TRENDSETTER HOME IMPROVEMENT LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date <u>\$\left(\left(\left)\left(\left)\right)\right(\left(\left)\right)\right)\right.\right)\}\$</u> (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.
18 DEC 21

Signed this 5 day of December	_20 <u>/8</u>				
Signature of Authorized Representative of Limit	ited Liability	Company:			
Signature of Authorized Representative: Printed Name: THOK BULCHENS	Title: 0	WHER /	PRESIDE	NT]	
Signature(s) on behalf of Other Business Entity:	See below for	required sig	nature(s)]		
Signature: Printed Name: THOR BULL KENS	Title:	WNEK	(PRESIA	PENT)	
Signature: Printed Name:	•				
Signature:					
Signature:Printed Name:					
Signature:Printed Name:					
Signature: Printed Name:					
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Infif Florida General Partnership or Limited Liabili Signature of one General Partner.	Officer. corporator must	sign.			
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty <u>Limited Par</u>	tner <u>ship:</u>			
All others: Signature of an authorized person.				TAIL A	18 DEC
Fees:				MSSET	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Option \$5.00 (Option				PH 5: 43

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRENDSETTER HOME THPROVEMENT LLC. (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
1035 RUTH DRIVE 1035 RUTH DRIVE FL 32132
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 or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
THOR BULCKENS Name
Name
1035 RUTH DRIVE
Florida street address (P.O. Box <u>NOT</u> acceptable)
EDIGENATER FL 38/32 City Zip
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 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
Parista Signature (REOLURED)
Registered Agent's Signature (REQUIRED) (CONTINUED) Registered Agent's Signature (REQUIRED) (CONTINUED) Registered Agent's Signature (REQUIRED) (CONTINUED)
70 43 67 67 67 67 67 67 67 67 67 67 67 67 67

ARTICLE IV-

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

W 463 D 0 4 4	orized Member	Name and Address:
"MGR" = Manage		THOR BULCKEWS 1035 KUTH DRIVE
		1035 KUTHDRIVE
		EDGEWATER FL 3213L
	- .	
		
ar i		
(Use attachment in	r necessary)	
LE V: Other provi	sions, if any.	
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