# L19000008930

(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

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SECRETAY

W19-3543



March 11, 2019

CASSIANA LORENZI

6015 N HUBERT AVE TAMPA, FL 33614

SUBJECT: PROPERTIES SOLUTIONS HOUSE IMPROVEMENTS LLC

Ref. Number: W19000003543

We have received your document for PROPERTIES SOLUTIONS HOUSE IMPROVEMENTS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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 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.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 919A00004829

# **COVER LETTER**

TO:	New Filing Se Division of C						
CHR	Propertie	es Solutions House Impre	oven	nents INC			
SUD	IEC1	(Name of Res	ulting	g Florida Limit	ed Con	opany)	
		s of Conversion, Artic a "Florida Limited Li					
Pleas	e return all corr	espondence concerning	g thi	s matter to:			
Cassi	ana Lorenzi						
		(Contact Person)		· . <u>-</u> -			
Prope	erties Solutions H	ouse Improvements INC					
		(Firm/Company)				•	<del>, -1</del>
6015	N. Hubert Ave.						19 1 SEC
		(Address)	<del></del>		•		THE REPORT
Tamp	a, FL 33614						-3 T
	((	City, State and Zip Code)			-		
cassi	_lorenzi@hotmail	.com					
E-1	mail Address: (to b	e used for future annual re	port 1	otifications)	•		APR -3 AM 9: 47
For fi	arther informati	on concerning this ma	uer.	please call:			· ·
Cassi	ana Lorenzi		at	(813	922-9	9236	
	(Name of Conta	ict Person)		(Area Code)	(Day	rtime Telephone Number)	
		or the following amou a bank located in the		_	roces	sed by this office mus	st be payable in US
(\$25 fo & \$12	50.00 Filing Fees or Conversion 5 for Articles (anization)	☐\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing 1 Certified Cop		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status	
New Divis Clifte	EET ADDRES Filing Section ion of Corporat on Building Executive Cent	ions		New F Division P. O. B	ling S on of C ox 63	Corporations	

Tallahassee, FL 32301

P14000082557

### 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:  Properties Solution House Improvements INC
(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
(Enter state, or if a non-U.S. entity, the name of the country)
10/03/20014
On
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Properties Solutions House Improvements 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.



# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liab	ility Company is:		
Properties Solutions House Improv	ements LLC		
		y Company, "L.L.C" or "LLC."	.)
ARTICLE II - Address:			
	raddusas at the ma	inginal affine of the Line	izad Liphility Company ic
The mailing address and street	raduress of the pr	merpar office of the Lim	ned Liability Company is.
Principal Office Address:		Mailing Address:	
6015 N. Hubert Ave.			
Tampa, FL 33614		**********	
		-	
ARTICLE III - Registered A (The Limited Liability Company cannot business entity with an active Florida r The name and the Florida stre	serve as its own Regist egistration.) et address of the r	ered Agent, You must designate	an individual dramothers
-	Name		= -
6015 N. Hul			AH 9: 1-1
Florida si	treet address (P.O	. Box <u>NOT</u> acceptable)	7;*·- <del>-</del>
Tampa		FL 33614	
	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..

Registered Agent's Signature (REQURED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Cassiana Lorenzi
<del></del>	6015 N. Hubert Ave.
	Tampa, FL 33614
	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
(Use attachment if necessary)	The state of the s
	7
CLE V: Other provisions, if any.	3:
DECLUDED CLOS LENDE	
REQUIRED SIGNATURE:	
Camona	a dauma
Signature of a member or	an authorized representative of a member
This document is executed in accordance	c with section 605.0203 (1) (b). Florida Statutes, I am aware the iment to the Department of State constitutes a third degree feli
Cassiana Lorenzi	
	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)