# 19000220971

(Requestor's Name)		
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





400332484574

07/30/19--31032--021 \*\*100.00

2019 SEP -6 AM 8: 54 SECTIONAL OF STATE

## COVER LETTER

TO:	New Filing Se Division of Co				
SHRI	FCT: JJ&D TIL	E INSTALLATIONS INC			
3000	DC 11.	(Name of Res	ulting Florida Limite	d Com	npany)
The er Busine	nclosed Articles ess Entity" into	s of Conversion, Articl a "Florida Limited Lis	es of Organization ability Company	on, and	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corre	espondence concerning	g this matter to:		
PEDRO	O RAFAEL BARF	RIOS			
		(Contact Person)			
11%D.	TILE INSTALLA	TIONS INC			
		(Firm/Company)			
9627 T	OWANDA LANI	E			
		(Address)			
PORT	RICHEY FLOR	DA 34668			
	((	City, State and Zip Code)			
PHOE	NIXBPG@GMAI	L.COM			
E-n	iail Address: (to b	e used for future annual rep	port notifications)		
For fu	rther information	on concerning this mat	ter, please call:		
PEDR	O RAFAEL BARI	RIOS	_at (	778-8	756
	(Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)
		or the following amou a bank located in the		ocess	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles mization)	Si 55.00 Filing Fees and Certificate of Status	■\$180.00 Filing and Certified Copy		☐\$185.00 Filing Fees. Certified Copy. and Certificate of Status
New I Divisi Clifto	CET ADDRESS Ciling Section on of Corporati n Building Executive Cent	ions	New Fil Division P. O. Bo	ing S n of C ox 63:	Corporations

Tallahassee, FL 32301

2019 STP -6 AMIN: 37

## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 12, 2019

PEDRO RAFAEL BARRIOS 9627 TOWANDA LN PORT RICHEY, FL 34668

SUBJECT: JJ&D TILE INSTALLATIONS INC

Ref. Number: W19000074019

We have received your document for JJ&D TILE INSTALLATIONS INC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 019A00016501

#### **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:  JJ&D TILE INSTALLATIONS 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.)
(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)
MAY 23, 2011  (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(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.



Signed	this 26th.	day of JULY	20_19
<u>Signat</u>	ure of Author	rized Representative of Li	mited Liability Company:
Signati Printed	ure of Authori Name: <u>PEDRC</u>	zed Representative:	Title: president
Signate	ure(s) on beha	lf of Other Business Entity	: [See below for required signature(s)]
Signatu Printed	ire: Name:		Title:
Signatu	ıre:		
			Title:
Signatu Printed	ire: Name:		Title:
Signatu Printed	ire: Name:		Title:
Signati Printed	ire: Name:		Title:
Signatu Printed	ıre: Name:		Title:
Signati		on: n, Vice Chairman, Director, rs have not been selected, an	
	ida General P ire of one Gene	artnership or Limited Lia cral Partner.	bility Partnership:
		artnership or Limited Lial eneral Partners.	bility Limited Partnership:
All oth Signatu	ers: ire of an autho	rized person.	
Fees:			
	Articles of Co Fees for Flori Certified Cop Certificate of	ida Articles of Organization	\$25.00 n: \$125.00 \$30.00 (Optional) \$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	v is:
JJ&D TILE INSTALLATIONS 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 Limited Liability Company is:
Principal Office Address:	Mailing Address:
9627 TOWANDA LANE PORT RICHEY FLORIDA 34668	9627 TOWANDA LANE PORT RICHEY FLORIDA 34668
(The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.)  The name and the Florida street address of the PEDRO RAFAEL BARRIO	
9627 TOWANDA LANE	
	(P.O. Box <u>NOT</u> acceptable)
PORT RICHEY	FL 34668
City	Zip
liability company at the place designate registered agent and agree to act in this constantes relating to the proper and complete accept the obligations of my position a	nd to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S

(CONTINUED)

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	
AMBR	PEDRO RAFAEL BARRIOS
<del></del>	9627 TOWANDA LANE
	PORT RICHEY FLORIDA 34668
MGR	JERANDY BARRIOS
	9627 TOWANDA LANE
	PORT RICHEY FLORIDA 34668
(Use attachment if necessary)	
TCLE V: Other provisions, if any.	

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

PEDRO RAFAEL BARRIOS

Typed 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)