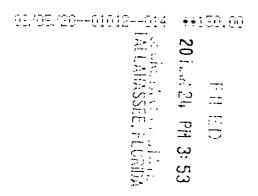
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(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	





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APR 0 : 201)

W20-29249



March 19, 2020

ANA M. AVILA VIP HOME SOLUTIONS LLC 11237 SOUTHWIND LAKE DR. GIBSONTON, FL 33534

SUBJECT: VIP HOME SOLUTIONS LLC

Ref. Number: W20000029249

We have received your document for VIP HOME SOLUTIONS 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):

Please complete the Articles of Conversion. A required signature is missing.

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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 320A00006062

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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: VIP Home Solutions LLC		
	Resulting Florida Limited	I Company)
The enclosed Articles of Conversion, Ar Business Entity" into a "Florida Limited	-	n, and fees are submitted to convert an "Othe in accordance with s. 605,1045, F.S.
Please return all correspondence concern	ing this matter to:	
Ana M. Avila		
(Contact Person)		
VIP Home Solutions LLC		20 174
(Firm/Company)		20 mai 24 Ali Abass
11237 Southwind Lake Dr.		T. 1
(Address)		
Gibsonton, FL 33534) 24 PH 3: 53 LI AHASSLE, FLORID
(City, State and Zip Code	e)	E. 3.
anaavila828@gmail.com		73 S
E-mail Address: (to be used for future annual	l report notifications)	-
For further information concerning this r	matter, please call:	
Ana M. Avila	at (<u>813</u>)	300-4210
(Name of Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following am dollars and drawn on a bank located in the		ocessed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fee and Certificate of Status	es \$\Bigsiz\$180.00 Filing Found Certified Copy	ees
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	N D T 2	Itreet Address: New Filing Section Division of Corporations The Centre of Tallahassee 415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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: VIP Home Solutions LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(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)
February 22, 2019
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: VIP Home Solutions LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: March 12, 2020
(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.

\$5.00 (Optional)

Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - i	Name: e Limited Liability Comp	pany is:		
VIP Home Solutio	ns LLC			
	(Must contain the words "Limite	ed Liability Company, "L.L.C.,"	`or "LLC.")	_
ARTICLE II -	Address:			
The mailing add	dress and street address o	of the principal office of	the Limited Liability (Company
Principal Offic	ee Address:	Mailing Addr	ress:	
11237 Southwind	Lake Dr.	11237 Southwine	d Lake Dr.	
Gibsonton, FL 335	534	Gibsonton, Fl 33	534	_
The Limited Liabilit	 Registered Agent, Reg by Company cannot serve as its of an active Florida registration.) 			
•	he Florida street address	of the registered agent a		20 i 24
	Ana M. Avila			<u> </u>
	Name			124 PR
	11237 Southwind Lake I	Dr.	ptable)	FH 3: 54
	Florida street address (P.O. Box NOT acceptable)		ptable)	ယ္
	Gibsonton	FL ³³⁵³⁴		42
	City	Zij	p	

is:

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 (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member			
"MGR" = Manager MGR	Ana M. Avila		
WOIL	11237 Southwind Lake Dr.		
	Gibsonton, FL 33534		
MGR	Rafael Caban		
	9913 Smarty Jones Dr.		
	Ruskin, FL 33578		
MGR	Cristina Haynes		
	10834 Green Harvest Dr.		
	Riverview, FL 33578	<u>55-</u> (
		- <u>\$</u>	
		<u> </u>	
			-
(Use attachment if necessary)		· ·	
(ose attachment if necessary)		YONGT.	9
		<u> </u>	1
LE V: Other provisions, if any.			
LE V: Other provisions, if any.			
LE V: Other provisions, if any.			
LE V: Other provisions, if any.			
REQUIRED SIGNATURE:	·Q		
REQUIRED SIGNATURE:	-Qc-		
REQUIRED SIGNATURE:	an authorized representative of a mer	mber	ıre
Signature of a member or	an authorized representative of a mere with section 605.0203 (1) (b), Florida Statutes, ament to the Department of State constitutes a thi	Lam awa	ire
Signature of a member or This document is executed in accordance any false information submitted in a docu	e with section 605.0203 (1) (b), Florida Statutes.	Lam awa	ure e fe

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)