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PICK-UP	☐ WAIT	MAIL
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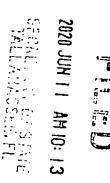
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COVER LETTER

TO: New diling Division o	Section f Corporations		, , , , , , , , , , , , , , , , , , ,	••
SUBJECT:	THE HOU	UE OF PAY	ERS UC	
	(Name of Re	sulting Florida Limited Co	mpany)	
			nd fees are submitted to co accordance with s. 605.104	
Please return all c	orrespondence concernii	ng this matter to:		
JACKIE	ROTAS - QUIN (Contact Person)	IONES		
ACCOUNT	TING 4 BE (Firm/Company)	YOND LLC		
7121 N	HABANA (Address)	AVE.		
TAMPA	(City, State and Zip Code)	14		
ACCOUN E-mail Address: (ITING AND E	BETONKOGM	AIL.COM	
For further inform	nation concerning this ma	atter, please call:		
JACKIE RO (Name of C	JAS - QUINONES ontact Person)	5 at (<u>8) 3</u>) 90 (Area Code) (Da	ytime Telephone Number)	
	ck for the following amo on a bank located in the		sed by this office must be	payable in US
\$150.00 Filing Fe (\$25 for Conversion & \$125 for Articles of Organization)	es 3155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	☐S185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing A New Filin Division o		New	et Address: Filing Section Sion of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

INHS11 (7/17)

P.O. Box 6327

Tallahassee, FL 32314



March 12, 2020

JACKIE ROHAS-QUINONES 7121 N HABANA AVE TAMPA, FL 33614

SUBJECT: THE HOUSE OF PAVERS LLC

Ref. Number: W20000026592

We have received your document for THE HOUSE OF PAVERS 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(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.

Keyna E Page Regulatory Specialist II

Letter Number: 520A00005482

ETH PH 1:3

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: THE HOUSE OF PAVERS CORP. (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION (PV) - (P.) (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on 11/13/2019 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
THE HOUSE OF PAVERS UC. (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 02/10/2020. (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.
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Signed this <u>IDTIF</u> day of <u>FEBRUC</u>	WY 20 20.
Signature of Authorized Representative of	
9	long moto
Signature of Authorized Representative:	TO 10 - C
Printed Name: CCC 9() 17	Title: TRES) VENT
Signature(s) on behalf of Other Business En	tity: [See below for required signature(s)]
Signature: Style Moth	
Printed Name: ECGO MOTA	Title: PRESIDENT
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Direct	or or Officer
If Directors or Officers have not been selected,	
<u>If Florida General Partnership or Limited I</u>	<u>liability Partnership:</u>
Signature of one General Partner.	
If Florida Limited Partnership or Limited L	iability Limited Partnership:
Signatures of <u>ALL</u> General Partners.	

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

Certified Copy:

\$30.00 (Optional)

Certificate of Status:

\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
THE HOUSE OF PAVERS 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:
9040 DALE DR. SAME TAMPA FL. 33015
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:
ELCIO MOTA Name
9040 DAVE DR. Florida street address (P.O. Box NOT acceptable)
TYMPA FL 33415 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
Elcis moto
Registered Agent's Signature (REQUIRED)
(CONTINUED)

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager MGR MEMBER	ELCIO MOTA 9040 DAVE DR TAMPA FL 33415
AMBR	DAVID GONZALEZ 9040 DAVE DR. TAMPA, PL 33/015
	29
	2020 JUN 1 I
(Use attachment if necessary)	(i) A 10 10 10 10 10 10 10 10 10 10 10 10 10
ARTICLE V: Other provisions, if any.	ि उ
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.

EUCIO MOTA

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)