# 120000238020

(Re	questor's Name)	
(Ad	dress)	<del></del>
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Cit	y/State/Zip/Phone	<del>2</del> #)
(0	,, o to to: <u> </u>	,
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	





300348849543

07/33/20--01016--013 ++150.00

C RICO

#### **COVER-LETTER**

TO:	New Filing S Division of C					
SHRI	IECT: HERNAN	NDEZ PAINTING OF SC	UTH	WEST LLC		
SODO				g Florida Limit	ed Con	npany) <sub>,</sub>
				_		d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernin	g thi	s matter to:		
CARC	LINA ESPEJO					
-		(Contact Person)			•	
IBIZ A	CCOUNTING A	ND TAX LLC				
		(Firm/Company)		•	•	
5235	RAMSEY WAY S	STE 14				
	······································	(Address)			•	
FORT	MYERS FL 339	07				
	((	City, State and Zip Code)		· -		
seyda	v@yahoo.com					
E-r	nail Address: (to b	e used for future annual re	port r	notifications)	•	
For fu	irther informati	on concerning this ma	tter,	please call:		
CARC	LINA ESPEJO		at (	239	810-0	757
	(Name of Conta	ect Person)		\ <del></del>	(Day	time Telephone Number)
		or the following amou a bank located in the			rocess	ed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	S155.00 Filing Fees and Certificate of Status		\$180,00 Filing I Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7			New F Divisi The C	Address: Filing Section on of Corporations entre of Tallahassee 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" immedia HERNANDEZ PAINTING OF SOUTHWEST INC	ately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Bu	siness Entity)
2. The "Other Business Entity" is a CORPORATION	P19000 47 247 d partnership, general partnership, common law or business trust, etc.)
(Enter entity type. Example: corporation, limite	d partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the lav	vs of
06/03/2019	(Enter state, or if a non-O.S. entity, the name of the country)
on  (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Compa	ny as set forth in the attached Articles of Organization:
HERNANDEZ PAINTING OF SOUTHWEST LLC	
(Enter Name of Florida Limited L.	iability Company)
the date this document is filed by the Florida Dep Note: If the date inserted in this block does not meet the applie document's effective date on the Department of State's records.	eipt or filed date nor more than 90 calendar days after artment of State.) able statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approved in accordance	rdance with all applicable statutes.
<ol><li>The "Converted or Other Business Entity" has agreed which such members are entitled under ss. 605.1006</li></ol>	d to pay any members having appraisal rights the amount to and 605.1061-605.1072, F.S.
	80

Signed this 30TH day of Jl	JNE	20 <u>2U</u>
Signature of Authorized Repr		
Signature of Authorized Repres Printed Name: VELASQUEZ, SEY	entative:	which
Printed Name: VELASQUEZ, SEY	DA M	Mite. AUMBR
Timed Name.		
Signature(s) on behalf of Other	Business Entity:	[See below for required signature(s)]
Signature: August Signature: VELASQUEZ, SEY		
Signature:	'DA M	THE DESIDENT
Printed Name: VELAS@OLZ, SET	DA IVI	Title: FIXESIDENT
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Cirmotura		
Drinted Momes	<del> </del>	Title:
rimed Name.		True:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
If Florida Corporation:		
Signature of Chairman, Vice Cha	irman Director or	Officer
If Directors or Officers have not l		
in breetors of officers have not	seen selected, air ii	reorporator must sign.
<u>If Florida General Partnership</u>	or Limited Liabil	ity Partnership:
Signature of one General Partner.		<del>-</del>
If Florida Limited Partnership		ity Limited Partnership:
Signatures of <u>ALL</u> General Partn	ers.	
All others:		
Signature of an authorized persor	l.	
,		
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)
		•

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

And the same

ARTICLE 1 - Name:

	(Must contain the words "Limited Li	ability Company, "L.L.C.," or "L.L.C.")	
ARTICLE II -		ne principal office of the Limited Li	ability Company is:
_		•	anney company is.
<u>Principal Offic</u>	e Address:	Mailing Address:	
2211 DANIEL AV	/E N	2211 DANIEL AVE N	
LEHIGH ACRES	, FL 33971	LEHIGH ACRES, FL 33971	
	<u> </u>		
ADTICLE III.	Degistered Agent Degist	ered Office, & Registered Agent's	e Sianatura
		Registered Agent. You must designate an indiv	
business entity with	an active Florida registration.)		÷
The name and th	he Florida street address of t	the registered agent are:	TITE STATES
			N 45-
	RIVAS, FERNANDO H		عَنِيْدُ مُكِنَّةُ اللهِ
	i.N	Jame	
	2211 DANIEL AVE N		<u>හි</u>
	· · · · · · · · · · · · · · · · · · ·	P.O. Box NOT acceptable)	- 5 - 5
	LEHIGH ACRES	FL 33971	
	City	Zip	
			ne ahove stated limite

(CONTINUED)

ARTICLE IV-

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 AUMBR ('AMBAL)	VELACOLET CEVDA M
( SKIINK ) ADIVIDA	VELASQUEZ, SEYDA M 2211 DANIEL AVE N
	LEHIGH ACRES, FL 33971
	<del></del>
	<del></del>
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Drugue	
F-24>	<del></del>
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware tha ment to the Department of State constitutes a third degree felon
VELASQUEZ, SEYDA M	
Tvi	ped 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)