120000249765

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

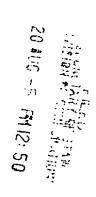
Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Acme Heights Glass, LLC (Name of F	Resulting Florida Limi	ted Company)
	ticles of Organizat	ion, and fees are submitted to convert an "Other
Please return all correspondence concern	ing this matter to:	
Michael A Bozel		
(Contact Person)	-	-
Acme Heights Glass		-
(Firm/Company)		
4700 N. Nebraska		_
(Address)		
Tampa, FL 33603		
(City, State and Zip Code	:)	-
acme4700@gmail.com		
E-mail Address: (to be used for future annual	report notifications)	-
For further information concerning this n	natter, please call:	
Patience Smith	at (<u></u> 813	238-5710
(Name of Contact Person)	(Area Code	(Daytime Telephone Number)
Enclosed is a check for the following am- dollars and drawn on a bank located in th	· · · · · · · · · · · · · · · · · · ·	processed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$155.00 Filing Fees and Certificate of Status	s = \$180.00 Filing and Certified Cop	
Mailing Address:		Street Address:
New Filing Section Division of Corporations	New Filing Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 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" immediated Acme HG Corporation	ly prior to the filing of the Articles of Conversion is:
(Enter Name of Other Busine	ess Entity)
2. The "Other Business Entity" is a Corporation limited a	P200000037& artnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of	• • •
on 01/09/2020 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company Acme Heighs Glass, LLC	as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liabi	ility Company)
4. If not effective on the date of filing, enter the effective	
(The effective date: Cannot be prior to date of receip the date this document is filed by the Florida Depart Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	tment of State.)
5. The plan of conversion has been approved in accorda	nce 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 t	his <u>22</u>	_ day of <u>July</u>	20	
Signatu	re of Author	ized Representative of	Limited Liability	Company:
Ciamataa	o of Authoric	zed Representative:	Minhy Xa)	$R_{a}()$
Drinted N	e or Authoriz	A Bozel	Title Own	ar Immaa
rimear	vatue: iviici iaei	V DOSEI	Title: Own	ei / Mirbk
			tity: [See below fo	or required signature(s)
Signature	:: Mici	() Brail		
Printed N	Name: Michael	A Bozel ()	Title: Incor	porator
	17	11-	 <u></u>	·
Signature	e:	1 Don	<u> </u>	
Printed N	lame: Lysa Bo	zév //	Title:	/CFO
Printed N	Name:		Title:	
Signature	. .			
Printed N	Jame:		Title	
i iiiico i	variic.	 	Tric	
Signature	a: ::			
Printed N	lame:		Title:	
		 -		_
Signature	a:			
Printed N	Vame:		Title:	
	a Corporatio		000	
		, Vice Chairman, Direct		
II Directi	or Officer	s have not been selected,	an incorporator mu	ist sign.
If Florid	a General Pa	artnership or Limited L	iahility Partnershi	in·
	of one Gene		THE THE THE TENT	· <u>·····</u>
J				
<u>If Florid</u>	a Limited Pa	rtnership or Limited L	iability Limited Pa	artnership:
Signature	es of <u>ALL</u> Ge	neral Partners.		
All other		• •		
Signature	e of an author	ized person.		
Fees:				
Λ	articles of Co	nvereion:	\$25.00	
		nversion. da Articles of Organizat		
	Certified Copy		\$30.00 (Op	tional)
	Certificate of		\$5.00 (Opti	
_	The state of		\$5.00 (Opti	VIIII)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Cor	npany is:	
Acme Heights Glass, LLC		
(Must contain the words "Lim	nited Liability Company, "L.L.C.," or "LLC.")	. –
ARTICLE II - Address:		
The mailing address and street address	s of the principal office of the Limited Liabili	ity Company is:
Principal Office Address:	Mailing Address:	
4700 N. Nebraska Ave.	4700 N. Nebraska Ave.	
Tampa, FL 33603	Tampa, FL 33606	
	egistered Office, & Registered Agent's Sig s own Registered Agent. You must designate an individual of)	
The name and the Florida street addres	ss of the registered agent are:	20
Michael A Bozel		AUD A
	Name	
1504 East Park Circ	· · · · · · · · · · · · · · · · · · ·	72 S
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	平 12: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5:
Tampa ———————————————————————————————————	FL 33610	0.50 2.174 3.174
City	y 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..

Michael A. Box Registered Agent's Signature (REQUIRED)

(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 MY 152	Michael A Bozel
	1504 E. Park axcle Tampa, FL 33010
<u>ABMBR</u>	Lysa Bozel 1504 E Park Circle Tampa, FL 33610
	
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE: Michae) Q. Bozd
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware that nent to the Department of State constitutes a third degree felony
Michael A Bozel	C.:
l yt	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)