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| (Rε | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ldress) | |
| (Ac | ddress) | |
| (C i | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nar | me) |
| (Do | ocument Number) | 1 |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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| | _ | |

Office Use Only

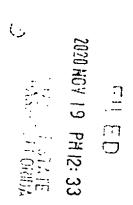
QEC 0 3 2020

T. SCOTT



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11/13/20--01019--018 **150.00





COVER LETTER

| TO: New Filing Section Division of Corporations | | | |
|---|--|--|--|
| SUBJECT: TG PAINTING PRO LLC (Name of Resulting Florida Limited Company) | | | |
| The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. | | | |
| Please return all correspondence concerning this matter to: | | | |
| JUAN m Lopez Alonso (Contact Person) TG PAINTING 12RO CORP (Firm/Company) FTIO SW 10th St (Address) MIANIE FL 3313T (City. State and Zip Code) Otheriloghe D Jahoo. com | | | |
| E-mail Address: (to be used for future annual report notifications) | | | |
| For further information concerning this matter, please call: | | | |
| (Name of Contact Person) (Area Code) (Daytime Telephone Number) | | | |
| Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) | | | |
| \$150.00 Filing Fees (\$25 for Conversion and Certificate of Status and Certified Copy of Organization) \$155.00 Filing Fees and Certified Copy and Certificate of Status \$185.00 Filing Fees and Certified Copy and Certificate of Status | | | |
| Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations | | | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

Articles of Conversion For

"Other Business Entity"

Into

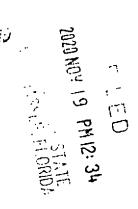
Florida Limited Liability Company

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: (Enter Name of Other Business Entity) |
|--|
| (Enter Name of Other Business Energ) |
| 2. The "Other Business Entity" is a |
| First organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the country) |
| on 8 10 3030 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| JO PAINTING PRO LLa |
| (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: 11 11 50 50. (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 day of | _ 20 <u>_ \) </u> |
|--|-------------------------------------|
| Signature of Authorized Representative of Limi | ted Liability Company: |
| C' | <u> </u> |
| Signature of Authorized Representative: Printed Name: TOM WOPEZ Now | Stide: DIA 107ED |
| rimed Name. 10/10 10 CD DE E Plans | 000.001 |
| Signature(s) on behalf of Other Business Entity: [| See below for required signature(s) |
| \mathcal{M}_{-} | |
| Signature: | |
| Signature: JOAN M OVEZ Along | Sofille: OWNEYL |
| \ | |
| Signature: | Tida |
| Printed Name. | Title. |
| Signature: | |
| Signature:Printed Name: | Title: |
| | |
| Signature:Printed Name: | |
| Printed Name: | Title: |
| Cimotoro | |
| Signature:Printed Name: | Title: |
| rined Name. | |
| Signature: | |
| Signature:Printed Name: | Title: |
| | |
| If Florida Corporation: | OPT |
| Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc | |
| If Directors of Officers have not been selected, an inc | corporator must sign. |
| If Florida General Partnership or Limited Liabili | ty Partnership: |
| Signature of one General Partner. | |
| | |
| If Florida Limited Partnership or Limited Liabili | ty Limited Partnership: |
| Signatures of ALL General Partners. | |
| All others: | |
| Signature of an authorized person. | |
| 0.g.,a.u.e 0. u uu.au.o.,.200 pa.so | |
| 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

| ARTICLE I - Name: The name of the Limited Liability Company is | : | | |
|--|--|--|--|
| The hame of the Billinea Elability Company to | • | | |
| Must contain the words "Limited Liability | LC | | |
| (Must contain the words "Limited Liabili | ty Company, "I | L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | | | |
| The mailing address and street address of the p | rincipal offi | ice of the Limited | I Liability Company is: |
| Principal Office Address: | Mailing | Address: | |
| 2910 swioth st | | , <u> </u> | |
| meani FC 33135 | | AME | |
| | | <u>, </u> | 1797 |
| ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) | | | |
| The name and the Florida street address of the | registered a | gent are: | |
| JUAN MI | LOBEZ | Alonsn | |
| Nam | ie (| | |
| 2910 SW 10th | st | | |
| Florida street address (P.C | | | |
| <u> Miauli</u> City | FL | 33135 | |
| City | | Zip | |
| Having been named as registered agent and a liability company at the place designated is registered agent and agree to act in this capacistatutes relating to the proper and complete accept the obligations of my position as referenced. Registered (CONTI) | n this certificity. I further performance gistered ago | cate, I hereby acc er agree to comply e of my duties, an ent as provided fo | ept the appointment as y with the provisions of all d I am familiar with and |
| (00.11. | , | | 1 61 BU |

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|----|---|--------|-----|-----|-----|
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| | 1 | ٠. | | | |

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_ | JOAN M lopez Alous D 2010 SW 10 Th St WIGHT FL 33135 |
| - = | Jainsin intust |
| | 3312 - |
| | -MC(ACC) 1 6-3 31 39- |
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| (Use attachment if necessary) | |
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| ARTICLE V: Other provisions, if any. | |
| | |
| N/A | |
| | |
| | 11 |
| DEGLEDED CLONATURE. | // / |
| REQUIRED SIGNATURE: | //// _ |
| | 14 |
| | |
| | / |
| Signature of a member of | an authorized representative of a member |
| This document is executed in accordance | Awith section 605.0203 (1) (b), Florida Statutes. I am aware that |
| any false information submitted in a docur | ment to the Department of State constitutes a third degree felony |
| as provided for in s.817.155, F.S. | |
| (1) and ha | LOINES MILLER |
| - AUTO IVI | Ped or printed name of signee |
| l y | |
| | 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)