# L21000014210

(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

<b>TO:</b> New Filing S Division of C					
SUBJECT: Unity W	findows, Inc.				
		sulting	Florida Limit	ed Com	ppany)
			_		d fees are submitted to convert an "Othe ecordance with s. 605.1045, F.S.
Please return all corr	respondence concernin	g this	matter to:		
Demitrianna Grekos					
	(Contact Person)				
Hunton Andrews Kurt	h LLP				
	(Firm/Company)				
333 S.E. 2nd Ave, Su	ite 2400				
	(Address)				
Miami, FL 33131					
	City, State and Zip Code)				
dgrekos@HuntonAK.	•				
	be used for future annual re	port no	otifications)		
For further informat	ion concerning this ma	tter, p	olease call:		
Demitrianna Grekos		at (	305	810	2572
(Name of Cont	act Person)		(Area Code)	(Day	time Telephone Number)
	for the following amount a bank located in the			rocess	ed 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		180.00 Filing Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add				Street	Address:
New Filing Section					Filing Section
	-				•
	Section Corporations		•	New f Divisi	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

CORPORATION SERVICE COMPANY 1201 Hays Street

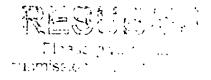
Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 610405 7199649 AUTHORIZATION : January 1000 COST LIMIT : \$'\150.00 ORDER DATE: January 11, 2021 ORDER TIME : 11:39 AM ORDER NO. : 610405-010 CUSTOMER NO: 7199649 DOMESTIC AMENDMENT FILING NAME: UNITY WINDOWS, INC. EFFECTIVE DATE: \_ ARTICLES OF AMENDMENT XX RESTATED ARTICLES OF INCORPORATION/CONVERSION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Eyliena Baker -- EXT#





### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 15, 2021

**CSC** 

RESUBMIT
Please give original
submission date as file date.

SUBJECT: UNITY WINDOWS, LLC Ref. Number: W21000004572

We have received your document for UNITY WINDOWS, LLC and your check(s) totaling \$. 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.

Neysa Culligan Regulatory Specialist III

Letter Number: 521A00001042

### **COVER LETTER**

Division of C	Corporations				
SUBJECT: Unity Wi	indows, LLC				
<u></u>	(Name of Re	sulting Florida Li	mited Cor	mpany)	
				nd fees are submitted to convert an "Ot accordance with s. 605.1045, F.S.	hei
Please return all corr	espondence concernin	g this matter to	);		
Demitrianna Grekos					
	(Contact Person)				
Hunton Andrews Kurth	LLP				
	(Firm/Company)		<del></del>		
333 S.E. 2nd Ave, Sui	te 2400				
	(Address)				
Miami, FL 33131					
	City, State and Zip Code)				
dgrekos@HuntonAK.c	om				
E-mail Address: (to b	e used for future annual re	port notifications	)		
For further informati	on concerning this ma	tter, please cal	1:		
Demitrianna Grekos		_at ( <u>305</u>	810	2572	
(Name of Conta	ect Person)	(Area Coo	ie) (Day	ytime Telephone Number)	
	or the following amou a bank located in the		s proces:	sed by this office must be payable in U	IS
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	S180.00 Fili and Certified C		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Add	ress:		Stree	et Address:	
New Filing S			Filing Section		
Division of C P.O. Box 632				sion of Corporations Centre of Tallahassee	
r.O. DOX 032	. /		ing C	Jennie of Tahahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section



2021 JAN 14 AH S: 28

## Articles of Conversion For

### "Other Business Entity"

Into

#### Florida Limited Liability Company

SECRE WITH UPSTATE TALL YOUR STATE. FL

The Articles of Conversion and attached Articles of Organization 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:

Unity Windows, Inc.

(Enter Name of Other Business Entity)

Corporation

	(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.)
Fir	st organized, formed or incorporated under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
on	02/02/2004
•••	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Un	ity Windows, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date:

(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.)

<u>Note:</u> 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 6th day of January	20_21
, Signature of Authorized Representative of Lim	- / / V
Signature of Authorized Representative:	
Printed Name: Frank Mata	Title: Manager
Trinica Iraine.	
Signature(s) on behalf of Other Business Entity:	(See below for required signature(s))
	(
Signature:	
Signature: Printed Name: Frank Mala	Title: President
"	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
0' .	
Signature:	Tid
Printed Name:	I itie:
Signature:	
Printed Name:	
Trined Paris.	
Signature:	
Printed Name:	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Planta I inited Devenanting of Limited Linking	to Limited Dentary Live
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnersnip:
Signatures of ALL General Faitners.	
All others:	
Signature of an authorized person.	
organization.	•
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)
	X * F * * * * * * * * * * * * * * * * *

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Company is	:				
Unity Windows, LLC					
(Must contain the words "Limited Liabili	ry Company, "L.L.C.," or "I.E.C.")				
ARTICLE II - Address:					
	rincipal office of the Limited Liability Company is:				
and sheet about 50 of the pr	amethal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
9101 NW 87th Ave.					
MEDLEY, FL 33178	9101 NW 87th Ave. MEDLEY, FL 33178				
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida etmet address of the active Florida etmet address of the activ	tered Agent. You must designate an individual or another				
The name and the Florida street address of the r	registered agent are:				
DORTA & ORTEGA, P.A.					
Namo	· · · · · · · · · · · · · · · · · · ·				
3860 S.W. 8TH STREET PEN	THOUSE TO THE				
Florida street address (P.O.					
CORAL GABLES	FL 33165				
City	Zip				
registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as eac Registered Agent's Signi	o accept service of process for the above stated limited this certificate. I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and eistered agent as provided for in Chapter 605, F.S				

	n	TOT	C	173	IV.
- /-	R		₹.I	L.H.	1 V -

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

	Title:	Name and Address:			
	<u> </u>				
	Title:  "AMBR" = Authorized Member  "MGR" = Manager  MGR  (Use attachment if necessary)	Frank Mata			
		9101 NW 87th Ave.			
		MEDLEY, FL 33178			
			·- <u></u>		
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			<u></u>		
			<u></u> : I		
			77 (		
	(Use attachment if necessary)				
			11 or		
			四另		
ARTI	CLE V: Other provisions, if any.		' <del>-</del> -i		
N/A	CEDE VI Other provisions, if any.		•		
14/2	<del></del>				
		<del> </del>			
	REQUIRED SIGNATURE:				
	Signature of a market on a	an authorized representative of a member			
	This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am awa:	ra that		
	any false information submitted in a docum	nent to the Department of State constitutes a third degree	felony		
	as provided for in s.817.155, F.S.	to the iseparation of state solicitates a time degree	iciony		
	,				
	Frank Mata				
	Typ	ped or printed name of signee			
	5.1				

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)