L2100005 1553

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

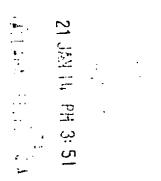
!

Office Use Only

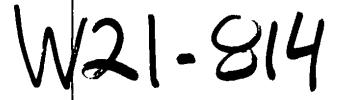


100356518001

12/31/20--61043--805 ******185.88



D O'KEE'







FLORIDA DEPARTMENT OF STATE Division of Corporations

January 5, 2021

JOSEPH ZOLCIAK A PERFECTION HOME INSPECTION LLC 2681 CARRINGTON LAKES BLVD CANTONMENT, FL 32533

SUBJECT: A PERFECTION HOME INSPECTION LLC

Ref. Number: W21000000814

We have received your document for A PERFECTION HOME INSPECTION LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the marked sections in the Articles of Conversion. A signature is missing.

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.

Letter Number: 921A00000181

DANIEL L O'KEEFE Regulatory Specialist II

70/1.5% | 14 FH 12: 36

COVER LETTER

TO: New Filing S Division of C				
SURJECT: A Perfec	tion Home Inspection LL	С		
30b0EC1	(Name of Res	ulting Florida L	imited Com	npany)
				d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter	io:	
Joseph Zolciak				
	(Contact Person)			
A Perfection Home Ins	pection LLC			
	(Firm/Company)			
2681 Carrington Lakes	BLVD			
	(Address)			
Cantonment, FL 32533	3			
((City. State and Zip Code)			
aphi@bellsouth.net				
E-mail Address: (to b	oe used for future annual re	port notification	ns)	
For further informati	on concerning this ma	tter, please ca	ıll:	
Joseph Zolciak		_at (315-8	3054
(Name of Conta	act Person)	(Arca C	ode) (Day	rtime Telephone Number)
	for the following amount a bank located in the			sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	S180.00 Fi		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status
<u>Mailing Add</u> New Filing S				t Address: Filing Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division of Corporations The Centre of Tallahassee 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.

A Perfection Home Inspection LLC (Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Limited Liability Corporation (Enter entity type. Example: corporation, limited partnership, general partnership.	
	ersnip, common law or business trust, etc.)
First organized, formed or incorporated under the laws of	U.S. entity, the name of the country)
February 1999	
on	
3. The name of the Florida Limited Liability Company as set forth in the at	tached Articles of Organization:
A Perfection Home Inspection LLC	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:	21
(The effective date: Cannot be prior to date of receipt or filed date nor rethe 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 required document's effective date on the Department of State's records.	
5. The plan of conversion has been approved in accordance with all applicab	ole statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members has which such members are entitled under ss. 605.1006 and 605.1061-605.1072	
	21
	21 JAN 14

• • • •	•		
Signed this 17th	day of December	20	
Signature of Autho	rized Representative o	f Limited Liability Company:	
Signature of Authori Printed Name: Joseph	ized Representative:	Title: Owner -President	
Signature(s) on beh	alf of Other Business En	Itity: See below for required signat	ture(s)
()		Y Title: OWNIN - MESTIDE	,
Printed Name:		Title:	
Signature: Printed Name:		Title:	
Signature:Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:Printed Name:		Title:	
_	nn, Vice Chairman, Direct	tor, or Officer. I, an Incorporator must sign.	
If Florida General I Signature of one Gen	Partnership or Limited I neral Partner.	Liability Partnership:	
If Florida Limited F Signatures of ALL G		Liability Limited Partnership:	
All others: Signature of an author	orized person.		

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees:

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the	ame: Limited Liability Company	is:		
	e Inspection LLC (Limited Liab			
(Must contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")		
ARTICLE II -	Address:			
The mailing add	ress and street address of the	e principal office of the Limit	ted Liability Company is:	
Principal Office	e Address:	Mailing Address:		
2681 Carrington L	_akes Blvd	2681 Carrington Lakes Blvd		
Cantonment, FL 3	32533	Cantonment, FL 32533		
	 			
business entity with	an active Florida registration.) ne Florida street address of th	egistered Agent. You must designate a		
	Joseph Zolciak			
	N:	ame		
	2681 Carrington Lakes Blv	d		
	Florida street address (l	P.O. Box NOT acceptable)		
	Cantonment,	FL ³²⁵³³		
	City	Zip		
liability con registered age statutes relai	mpany at the place designate ont and agree to act in this capting to the proper and complete obligations of my position as	nd to accept service of process d in this certificate, I hereby a pacity. I further agree to come te performance of my duties, registered agent as provided	accept the appointment as ply with the provisions of all and I am familiar with and	
	12		2	
			N = €	
	(CONT	'INUED)	- 	

ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
^ Mir	Joseph Zolciak	
77 (4)	2681 Carrington Lakes Blvd	
	Cantonment, FL 32533	· ·
		- 2
		184 J28
		-
(Use attachment if necessary)		·
		co-
TICLE V: Other provisions, if any.		
,		0
		.—.

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.

Joseph Zolciak

Typed 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)