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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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3/1/2021

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: NINJA HOM (Name of Resulting	E SOLUTIONS, LLC Florida Limíted Company)
	Organization, and fees are submitted to convert an "Other y Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this	matter to:
ZANNA L. CORBIN (Contact Person)	
(Firm/Company)	
979 SARAZEN DR	<u>. </u>
ROCKLEDGE FL (City, State and Zip Code)	
E-mail Address: (to be used for future annual report no	otifications)
For further information concerning this matter, p	olease call:
Name of Contact Person) at (321) 917 - 0000 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (A dollars and drawn on a bank located in the Unite	All checks processed by this office must be payable in US
	180.00 Filing Fees Certified Copy Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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 NINJA HOME SOLUTIONS, LLC (Enter Name of Other Business Entity)	of Conversion is:
2. The "Other Business Entity" is a LIMITED LIABILITY Compa	aw of business trust, etc.)
First organized, formed or incorporated under the laws of	ume of the country)
on 5/15/2020 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Article	es of Organization:
WINTA HOME SOLUTIONS, 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 of 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 we 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.	P - 3
 The "Converted or Other Business Entity" has agreed to pay any members having appraisal which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S. 	rights the amount to
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Signed this 4 day of January	_ 20 _2. [
Signature of Authorized Representative of Limited Liability Company:			
^	9/1		
Signature of Authorized Representative:	no-d. Coron		
Signature of Authorized Representative: Son Representative: Son Representative: Printed Name: 3 ANNA L. CORBIN	Title: Manager		
	•		
Signature(s) on behalf of Other Business Entity:			
Signature: Jenna J. Corber			
Signature: Jenna L. Corbin Printed Name SANNA L. CORRIN	Title: manager		
	J		
Signature: Printed Name: FRANK G. Dademaker	Title: No Cop O Cop of		
Printed Name: Physic G 1200ema RP1	Title. Manager		
Signature:			
Signature: Printed Name:	Title:		
Signature:Printed Name:	Tister		
Printed Name:	ritte:		
Signature:			
Signature:Printed Name:	Title:		
Signature:Printed Name:			
Printed Name:			
If Florida Corporation:			
Signature of Chairman, Vice Chairman, Director, or o	Officer.		
If Directors or Officers have not been selected, an Inc			
	,		
If Florida General Partnership or Limited Liabili	ty Partnership:		
Signature of one General Partner.			
TOTAL COLOR SECTION AND AND ADDRESS OF THE SECTION ADDRESS OF THE SECTION ADDRESS OF THE SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE SECTION AND ADDRESS OF THE SECTION ADDRESS OF TH			
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.			
Signatures of <u>18522</u> Seneral Farancis.			
All others:			
Signature of an authorized person.			
Firm			
<u>Fees:</u>			
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

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Must contain the words "Limited Liability Company,"	T.L.C.," of "LI.C.")
ARTICLE H - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address: Mailing	Address:
979 Sarazen dr. 979 ROCKIEDGE, FL R 32955	2 Saruzen dr. OCKLEDGE, FL 32955
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Registered Agent. You business entity with an active Florida registration.)	Registered Agent's Signature: You must designate an individual or another
The name and the Florida street address of the registered	
FRANK G. Raclem Name 979 SARAZEN	alcel
979 SARAZEN	dr.
Florida street address (P.O. Box NO	T acceptable)
Rod <u>eledge</u> FL	32955 Zip
Having been named as registered agent and to accept se liability company at the place designated in this certif registered agent and agree to act in this capacity. I furth statutes relating to the proper and complete performan accept the obligations of my position as registered ag	licate, I hereby accept the appointment as her agree to comply with the provisions of al- ice of my duties, and I am familiar with and
JA: D	3
Registered Agent's Signature (RE	OUIRED)
registered agent's digitature (RE	,

(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	Janna L. CorriN 979 Sarazen dr RockleDGE FL 32955	
MGR	Frank G. Rademaker 979 Sarozen dr. Rock 6766 FL 32955	
	KOCKCE// GE GE GE GE GE GE GE G	
		
(Use attachment if necessary)		
ARTICLE V: Other provisions, if any.		
required signature: Janna 1. 6	lorkin	
Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	r an authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes. I am aware that tument to the Department of State constitutes a third degree felony	
SANNA L.	CORBIN	
T	yped or printed name of signee	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

27



February 18, 2021

JANNA L. CORBIN 979 SARAZEN DR ROCKLEDGE, FL 32955

SUBJECT: NINJA HOME SOLUTIONS, LLC

Ref. Number: W21000022535



We have received your document for NINJA HOME SOLUTIONS, 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):

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.

WILLIAM LAWRENCE Regulatory Specialist II

Letter Number: 221A00003637