# 12100/39778

(Re	questor's Name)	
(Ad	dress)	
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(Ĉit	y/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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#### **COVER LETTER**

<b>TO:</b> New Filing Section Division of Corporation	ons		
SUBJECT:	(Name of Resulting Florida Limite	<u> </u>	_
	version, Articles of Organizatio da Limited Liability Company"		
Please return all corresponder	nce concerning this matter to:		
Eri VA Vod	or Person)		
(City, State  City, State  City, State  City, State  City, State  Crika Srivera  E-mail Address: (to be used for	and Zip Code)  300 Gmail ( future annual report notifications)  erming this matter, please call:  at ( 786)		2021 MAR -9 AM 10: 24
	llowing amount: (All checks pr		be payable in US
-	00 Filing Fees		
Mailing Address:	<u> </u>	Street Address:	

New 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 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: OUTDOOR PATIO DESIGNS, INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
06/16/2010
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
OUTDOOR PATIO DESIGNS, LLC.
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: March 2021.  (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.

Picreso 50775

Signed	this 13	_ day of NOV	20
			of Limited Liability Company:
~.	a	zed Representative: RODRIGUEZ	
Signatu	ire of Authori	zed Representative:	TILL AMPR
Printed	Name: ERIKA	RODHIGUEZ	Title: AMBR
Signatu	ure(s) on beha	If of Other Business E	ntity: [See below for required signature(s)]
Signatu	re:		
Printed	Name: ERIKA	RODRIGUEZ	Title: PD
Signatu	re:	BLAS RIVERA	
Printed	Name: JOSE E	BLAS RIVERA	Title: VP
		V	
Signatu	ire:		
Printed	Name:		Title:
Signatu	ire:		mi.
Printed	Name:	<del></del>	Title:
C: .			
Signatu	ire:	<u></u>	Tista
Printed	Name:		Title:
Signatu	ıro:		
			Title:
Timed	7 tame		1110.
Signatu		n, Vice Chairman, Direc	ctor, or Officer. d, an Incorporator must sign.
	ida General P ire of one Gene	artnership or Limited eral Partner.	Liability Partnership:
		artnership or Limited   eneral Partners.	Liability Limited Partnership:
All other	ers: ere of an autho	rized person.	
Fees:			
	Articles of Co	nversion:	\$25.00
		da Articles of Organiza	¥
	Certified Cop	_	\$30.00 (Optional)
	Certificate of	-	\$5.00 (Optional)
	Citilicate Of	Ciallo.	wo.oo (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OUTDOOR PATIO D	DESIGNS, LLC.		
(Mu:	st contain the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad	dress:		
The mailing addres	s and street address of the	principal office of the Limite	d Liability Company
Principal Office A	ddress:	Mailing Address:	
12308 SW 129 CT		SAME	
MIAMI, FL 33186			202
		<del></del>	LLLAH
The Limited Liability Co business entity with an a	ompany cannot serve as its own Reactive Florida registration.) Florida street address of th	red Office, & Registered Age gistered Agent. You must designate an e registered agent are:	ent's Signature:
The Limited Liability Co business entity with an a	ompany cannot serve as its own Reserve Provide registration.) Florida street address of the ERIKA RODRIGUEZ	gistered Agent. You must designate an	ent's Signature:
The Limited Liability Co business entity with an a	ompany cannot serve as its own Reserve Provide registration.) Florida street address of the ERIKA RODRIGUEZ	gistered Agent. You must designate an	ent's Signature:
The Limited Liability Co business entity with an a	ompany cannot serve as its own Resective Florida registration.)  Florida street address of th  ERIKA RODRIGUEZ  Na  12308 SW 129 CT	gistered Agent. You must designate an e registered agent are:	ent's Signature:
The Limited Liability Co business entity with an a	ompany cannot serve as its own Resective Florida registration.)  Florida street address of th  ERIKA RODRIGUEZ  Na  12308 SW 129 CT	gistered Agent. You must designate an	ent's Signature:
The Limited Liability Cobusiness entity with an a	ompany cannot serve as its own Resective Florida registration.)  Florida street address of th  ERIKA RODRIGUEZ  Na  12308 SW 129 CT	gistered Agent. You must designate an e registered agent are:	ent's Signature:

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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 AMBR	ERIKA RODRIGUEZ	
AMDO	12308 SW 129 CT	<del></del>
	MIAMI, FL 33186	
	IVIIAWII, FL 33100	
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	<del></del>	
(Use attachment if necessary)		
CLE V: Other provisions, if any.		
REQUIRED SIGNATURE:		
مرجم المرجم		

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.

ERIKA RODRIGUEZ

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)