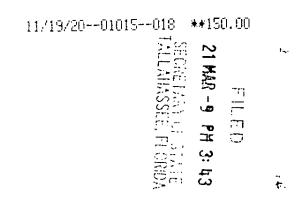
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
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D O'KEEFE MAY 22 2021

W2-136876





FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2021

DANIEL BARRIENTOS RPM BODY SHOP 1631 PARK COMMERCE COURT SAINT CLOUD, FL 34769

SUBJECT: RPM BODY SHOP COLLISION AND AUTO SALES CORP

Ref. Number: W20000136876

We have received your document for RPM BODY SHOP COLLISION AND AUTO SALES CORP 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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 921A00003834

Fileg/9/21

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TAIL AND

: 3



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 3, 2020

DANIEL BARRIENTOS RPM BODY SHOP 1631 PARK COMMERCE COURT SAINT CLOUD, FL 34769

SUBJECT: RPM BODY SHOP COLLISION AND AUTO SALES CORP

Ref. Number: W20000136876

We have received your document for RPM BODY SHOP COLLISION AND AUTO SALES CORP and your check(s) totaling \$150.00. 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. Signatures are 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.

DANIEL L O'KEEFE Regulatory Specialist II

2021 JE 12.3 FM 12: 14

Letter Number: 520A00024164

COVER LETTER

Division of Co	orporations				
SUBJECT: RPM Bod	y Shop Collision And A	uto Sal	es Corp		
30 b 3 E C1	(Name of Res	ulting F	lorida Limi	ted Con	npany)
			-		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	spondence concerning	g this r	natter to:		
Daniel Barrientos					
	(Contact Person)			-	
RPM Body Shop					
	(Firm/Company)			_	
1631 Park Commerce (Court				
	(Address)			-	
Saint Cloud, FL 34769					
(C	ity, State and Zip Code)			-	
rpmbodyshop01@gmai	l.com				
E-mail Address: (to be	used for future annual re	port not	ifications)	-	
For further information	on concerning this ma	tter, pl	ease call:		
Daniel Enrique Barrient	os	at (407	738-	1364
(Name of Contac	et Person)		(Area Code	(Day	rtime Telephone Number)
Enclosed is a check for dollars and drawn on	_			rocess	sed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status		80.00 Filing Tertified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addr New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations			New I Divisi The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: New Filing Section

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: RPM Body Shop Collision And Auto Sales Corp
(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
on O6/17/2015 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Rpm Body Shop Collision And Auto Sales 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.) 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.

21 MAR - 9 PM 4: 43 #0001/00/2018/14/18

	•	•	
Signed this 11	day of November	20 <u>20</u>	
Signature of Auth	orized Representative of I	<u> Limited Liability Company:</u>	
Signature of Author Printed Name: Danie	orized Representative:	Title: President	
Signature(s) on be	half of Other Business Entir	t <u>v:</u> [See below for required signature(s	s)]
Signature: Esta	us trust		Χ
Printed Name Elein	e Josefina Struve Polanco	Title: Vice President	
Signature:			
		Title:	
Signature:		-	
Printed Name:		Title:	
Signature:			
		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
If Florida Corpora	ation		
Signature of Chairn	nan, Vice Chairman, Director		
If Directors or Office	eers have not been selected, a	n Incorporator must sign.	
If Florida General Signature of one Go	Partnership or Limited Lia eneral Partner.	ability Partnership:	
If Florida Limited Signatures of ALL		bility Limited Partnership:	
All others:			ĪΑL
Signature of an auth	norized person.		LAII

Articles of Conversion:

\$25.00

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

\$125.00

Fees:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N The name of the	ame: Limited Liability Compan	y is:				
	Collision And Auto Sales LLC Must contain the words "Limited L	iability Company, "L.L.C.," or "LLC.")				
ARTICLE II - A The mailing addr		ne principal office of the Limite	ed Liability	y Coi	m pa n	y is:
Principal Office	Address:	Mailing Address:				
1631 Park Comme Saint Cloud FL 34		1631 Park Commerce Cou Saint Cloud FL 34769	ırt			
business entity with a	e Florida street address of Daniel J Barrientos Pena	Registered Agent. You must designate an the registered agent are:	SEGRETA TALLAHAS	21 MAR -9	וָד	٠
	5595 Western Sun Drive		SEE.	9 PH		
	Florida street address ((P.O. Box NOT acceptable)	FLOR STA	F.	(,,)	
	Saint Cloud	FL 34771	AGA.	#3		ź
	City	Zip	•			
liability con registered agen statutes relati	npany at the place designate and agree to act in this coing to the proper and composition a political action a	nd to accept service of process fed in this certificate, I hereby acapacity. I further agree to complete performance of my duties, as registered agent as provided for Signature (REQUIRED)	cept the ap ly with the nd I am far	ppoin prov milia	itment visions r with	as of al and

(CONTINUED)

ARTICLE IV-

The form of the

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		
MGR	Daniel J Barrientos Pena	
	5595 Western Sun Drive	
	Saint Cloud, FL 34771	
AMBR	Eleine Josefina Struve Polanco	
	5595 Western Sun Drive	
	Saint Cloud, FL 34771	
<u> </u>		
		<u></u>
(Use attachment if necessary)		
(Ose accaemient if necessary)		
	∏ = <u>€</u> :	2
CLE V: Other provisions, if any.	IALL SECT	21 H
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CLE V: Other provisions, if any.	SÉCILL ALLA MASO	
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	SECKLITÄKT OF TALLABASSEE, F	
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	SECKLITAK (or SI	9 PH
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	SECILITAT OF SIA: IALLAHA\$SEE, FLORI	6 H4 6: 1
	SECKLTAKK OF STATE TALLAHASSEE, FLORIDA	9 PH 4:
	SECKLIAKT OF STATE IALLABASSEE, FLORIDA	- PH 4: th
REQUIRED SIGNATURE: Signature of a member or a	ALLABASSEE, FLORIDA an authorized representative of a member	9 PH 4: 43
Signature of a member or a This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am av	yare that
Signature of a member or a This document is executed in accordance		yare that

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)