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(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:	
W/1000 82393	

Office Use Only



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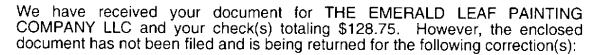


June 7, 2021

ARMANI GALEED 8121 TUMBLESTONE COURSE #936 DELRAY BEACH, FL 33446

SUBJECT: THE EMERALD LEAF PAINTING COMPANY LLC

Ref. Number: W21000082393



Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

We are enclosing the proper form(s) with instructions for your convenience.

Please send in a check for an additional \$21.25 to cover the cost of the conversion.

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.

Matthew T Moon Regulatory Specialist II Supervisor Letter Number: 021A00012394

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COVER LETTER

TO: New Filing Section Division of Corporations

THE EMERALO LEAF PAINTING COMPANY LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Acon	Calead			
OHRN	(Contact Person)			
The Emer	(Firm/Company)	Company		2821
PO BOX 4	80124 Øs. (Address)			221 JUN 25
Octoy !		33446		PH 4: 33
0 "	only. State and Zip Code)			in the second
E-mail Address: (to b	Emeralled to in 2:	port notifications)		2000 W
For further informati	on concerning this ma	tter, please call:		
(Name of Conta	Calced act Person)	_ \	169 - 2539 rtime Telephone Number)	_
	or the following amou a bank located in the		sed by this office must b	pe 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 Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Add	ress:	Street	t 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 <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:
Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Sole Propriety LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of The State of Georgia (Enter state, or if a non-U.S. entity, the name of the country)
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
-
THE EMERALD LEAF PAINTING COMPANY 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.
m0000008867

/		
Signed this 22 day of June	20 <u></u>	
. // Signature of Authorized Representative of Limi	ted Liability Comnar	ıv:
·		2
Signature of Authorized Representative: Sign Printed Name: Himan: Galeco	here X	,
Printed Name: Almani Caled	Title: Executive	Dicedor
		V 118 24 -1
Signature(s) on behalf of Other Business Entity:	See below for require	d signature(s)l
/ i	Tol.	
Signature: Sign Vere X Printed Name: Arms: Gelect		
Printed Name: U Arman: Gelecol	Title: Elecutive	Director
Signature:		
Printed Name:	Title:	
Signature:		
Signature: Printed Name:	Title:	
Signature: Printed Name:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or		
If Directors or Officers have not been selected, an In-	corporator must sign.	
<u>If Florida General Partnership or Limited Liabili</u>	<u>ty Partnership:</u>	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership	<u>):</u>
Signatures of ALL General Partners.		
. 11		
All others:		
Signature of an authorized person.		
r		
Fees:		
	*	
Articles of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00	

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

Certified Copy: Certificate of Status: 2021 JUN 25 PH 4: 34

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company i	s:	
THE EMERALO LEAF PA	AINTING COMPAN	Y 16C
ARTICLE II - Address: The mailing address and street address of the		
Principal Office Address:	Mailing Address:	
8121 Tumblestone Court #936	PO Bat 480	124
8121 Tumblestone Court #936 Delsay Beach, 71 3546	Deloy Back,	TL 33446
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regions business entity with an active Florida registration.)	ed Office, & Registered agistered Agent. You must designate	Agent's Signature: e an individual or another
The name and the Florida street address of the	• •	
Homan: Ga Nar	leed	-
O ICI TIMblese Florida street address (P.	O. Box <u>NOT</u> acceptable)	_
•		
Odrag Boach City	Zip	-
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as r	in this certificate, I hereby acity. I further agree to con e performance of my duties	accept the appointment as mply with the provisions of all and I am familiar with and
Sight here X - Registered Agent's Sight	gnature (REQUIRED)	/ · ·
(CONTI		ZEZI JUN 25
		PR D

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager ETecsEise Director	Asman: Cooked 8121 Fundlessone Court # 936 Delay Boach, FL 32046
	25 JUN 25
(Use attachment if necessary)	PH 4: 34
TICLE V: Other provisions, if any.	**************************************

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)

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.