L21000371470

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
Certified Copies Certificates of Status
O the section of Filling Officer
Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

2021 AUG 18 AM 10: 34

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VISIUR OF CORPORATION TALLAHASSEE, FLORIDA

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Examiners Initials

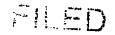


12905 SW 42 STREET Suite: 210 MIAMI, FL 33175 Phone: 305-444-4994 Email: filing@ecfsfiling.com

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	CORPORAT	ION NAME(2) & DC	COMENT	MOIMBER2(2)	:
1	classic	Painting	Plus	UC.	
	400000004TE 4444E	0		(DOC) 0 (FN) + 4)	_

(CORPORATE NAME)	(DC	DCUMENT #)		
2. (CORPORATE NAME)	(DC	OCUMENT #)		
3.	·			
(CORPORATE NAME)	(DC	(DOCUMENT #)		
□ Walk-In (X)	ck up time: Certified Copy	Rentificate Of Status		
New Filings.	Amendments was	© NeriFilings		
Profit	Amendments	Annual Report		
Non-Profit	Resignation	Fictitious Name		
Limited Liability	Dissolution/Withdrawal	. Apostifie:		
Other.	Other:			
X conversion		Other:		



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SECRETARY OF STATE TALLAHASSEE, FL

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 \$.605.1645. Florida Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: CLassic Painting Plus LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust ex.)
First organized, formed or incorporated under the laws of Georgia
First organized, formed or incorporated under the laws of Georgia (Enter state, or if a non-U.S. entity, the name of the country)
on 12-8-2011 (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Classic Painting Plus LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 8-23-2021 (The effective date: Cannot be prior to date of receipt or filed date now 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 incomment'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 appealsal rights the amount to

which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.

Page: 4 of 6

Signed this 17 day of Aug 20 8]				
Signature of Authorized Representative of Limited Liability Company:				
Signature of Authorized Representative; Lovelly Line Printed Name: Lovell to Warner Title: AMBR				
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]				
Signoture: Lovell & Wond Title: AMBC				
Signature:				
Signature:Title:				
Signature:				
Signature:				
Signature:				
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.				
1f Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.				
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.				
All others: Signature of an authorized person.				
Fees:				
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: S25.00 \$125.00 \$30.00 (Optional) \$55.00 (Optional)				

From: Yanet Avila

Page: 5 of 6

CLassic Painting Plus LLC		
(Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
6845 46th Way	6845 46th Way	
Pinellas Park, FL 33781		
		Andreage in the Control of the Contr
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address o	stered Office, & Registered Agen n Registered Agent. You must designate an inc	t's Signature: tividual or another
ARTICLE III - Registered Agent, Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	stered Office, & Registered Agen n Registered Agent. You must designate an inc	t's Signature: tividual or another
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ARTICLE III - Registered Agent, Registered Agent, Registered Agent, Registre Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address on Lowell E Womack 6545 46th Way	stered Office, & Registered Agen n Registered Agent. You must designate an ion of the registered agent are: Name	t's Signature: tividual or another
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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 of registered agent as provided for in Chapter 603, 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:

<u>Title:</u> "AMBR" = Authorized Mem	Name and Address:	
"MGR" = Manager AMBR	Lowell E Womack 6845 46th Way Pinellas Park Florida 33731	
	SECRETARY THATA	uniq o
	HAS 6	Ti
	ETARY OF STATE	
(Use attachment if necessary)	, , , , , , , , , , , , , , , , , , ,	
ARTICLE V: Other provisions, if any please add number FEI number to my fil		
REQUIRED SIGNATURES		
	1 E Warral	
His document is executed in according to the any false information submitted in as provided for in a \$17.155. F.S.	,	
	Typed or printed name of signee	
_	Typed or printed name of signee Filing Fees	
\$125.00 Filing Fee for Ar	ticles of Organization and Designation of Registered Agent	

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)