# 121000388544

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Mal W III 350





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# FLORIDA DEPARTMENT OF STATE Division of Corporations

August 16, 2021

GILBERTO GOMEZ 1144 BARCLAY WOOD DR. RUSKIN, FL 33570

SUBJECT: VINYLSQUAD GRAPHICS LLC

Ref. Number: W21000111357

We have received your document for VINYLSQUAD GRAPHICS LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Conversion must be sign and member must sign article 5.,

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return the corrected original and one copy of 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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 321A00019154

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7021 5 CO PN 1:59

#### **COVER LETTER**

Division of Corp					
SUBJECT: Viny	VI Squad C (Name of Resi	or APhy CS ulting Florida Limite	LLC ed Company)		
The enclosed Articles of Business Entity" into a					
Please return all corresp	ondence concerning	g this matter to:			
Viny150	Contact Person)  Tod Graphi Firm/Company)	CS LLC			2 <b>3</b>
1174 Barcia	(Address)	15K.1, FL 33	570	,	151 VAR 30
(City	, State and Zip Code)			: "	2 T
E-mail Address: (to be us	15 (O Jinal , Co. sed for future annual rep	oort notifications)		<u></u> , / ::* <b></b> :*	2:49
For further information	concerning this mat	ter, please call:		લું	
Colberto Gol (Name of Contact I			) 517 - 243 (Daytime Telephone )		
Enclosed is a check for dollars and drawn on a b	-		rocessed by this offi	ce must be paya	ble in US
(\$25 for Conversion ar	<b>J</b> \$155.00 Filing Fees and Certificate of tatus	☐\$180.00 Filing I and Certified Copy		, and	
Mailing Address New Filing Section Division of Corporation P.O. Box 6327	ion		Street Address: New Filing Section Division of Corpora The Centre of Tallal		

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	ne Articles of Conversion is:
(Enter Name of Other Business Entity)	<del></del> ·
2. The "Other Business Entity" is a	p, common law or business trust, etc.
First organized, formed or incorporated under the laws of <u>Tuinors</u> (Enter state, or if a non-U.S.	ontity, the name of the country)
on Chipper 26, 2018 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attack	ned Articles of Organization:
VINYLSQUAD GRAPHICS LLC (Enter Name of Florida Limited Liability Company)	<del>.</del>
4. If not effective on the date of filing, enter the effective date: SCON US (The effective date: Cannot be prior to date of receipt or filed date nor mor 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 requirement document's effective date on the Department of State's records.	e than 90 calendar days after s, this date will not be listed as the
5. The plan of conversion has been approved in accordance with all applicable s	tatutes.
<ol> <li>The "Converted or Other Business Entity" has agreed to pay any members havin which such members are entitled under ss. 605.1006 and 605.1061-605.1072.</li> </ol>	
	1121 AUG 30 PH 2: 49

		•	
Signed this $30$	Oth day of July	20_21	
Signature of A	uthorized Representative of Lim	ited Liability Company:	
Signature of Au Printed Name:	ithorized Representative:	Title: Sole Owner/	Juthorized Member
		[See below for required signature(s)]	
Signature:			_
Printed Name:	Gilberto Gomuz	Title: <u>Authorized member</u>	_
Signature:		Title:	_
Printed Name:		Title:	_
Signature:		Title:	_
Signature:		Title:	_
Signature:		Title:	_
Signature:	<u> </u>	Title:	_
rimed Name.	<del>-</del>	THE	<u></u>
If Florida Corp	oration: airman, Vice Chairman, Director, or	Officer	
	Officers have not been selected, an In		
If Florida Gene	ral Partnership or Limited Liabili	ty Partnership:	
	General Partner.	· · · · · · · · · · · · · · · · · · ·	
If Florida Limit	ted Partnership or Limited Liabili	ty Limited Partnership:	2121 AUG
	LL General Partners.	<del>-</del>	ယ င
All others: Signature of an a	authorized person.		ED PH 2: 49
Fees:			<b></b>
	of Conversion: Florida Articles of Organization:	\$25.00 \$125.00	

Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liability	APhics LLC		_	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")		_	
ARTICLE II - Address: The mailing address and street address of the pro-	incipal office of the Limited Lia	ibility (	Compa	ny is:
Principal Office Address:	Mailing Address:			
1144 hacelay woods De Ruskin	1144 bacatay wood Dr.			
1144 barcing woods Dr Ruskin, Florida, 33570	1144 barriay wood Dr. Ruskin, Florida 33	570	<del>-</del> -	
			_	
ARTICLE III - Registered Agent, Registered		محما أمسا	other	
(The Limited Liability Company cannot serve as its own Registor business entity with an active Florida registration.)  The name and the Florida street address of the results of the resul	ered Agent. You must designate an individ			
(The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the re-	ered Agent. You must designate an individ			
(The Limited Liability Company cannot serve as its own Registor business entity with an active Florida registration.)  The name and the Florida street address of the results of the resul	ered Agent. You must designate an individ	dual or an		
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration (Ciperto Company)	ered Agent. You must designate an individ		2851 VAG 3 C	;;;;
The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the results of the result	ered Agent. You must designate an individence of the second secon		2851 VAG 3 C	;;- TI
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration (Ciperto Company)	ered Agent. You must designate an individence of the second secon			;;- []

(CONTINUED)

Registered Agent's Signature (REQUIRED)

#### ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>  itle:</u>	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
AMDR/Sole CWAL	& Gilberto Gomez
juthorized Member	1144 BARCIAY WOOD Dr. RUSKIA
10+MOLL TEO WELLDEL	Florida, 33570
	<b>'</b>
	<del></del>
<del></del>	
<del></del>	
	<del></del>
Use attachment if necessary)	€ 7 2 3 0
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LE V: Other provisions, if any.	. 14 -
· · · · · · · · · · · · · · · · · · ·	us .
	ei '
REQUIRED SIGNATURE:	
	an authorized representative of a member
	e with section 605.0203 (1) (b), Florida Statutes. I am aware ti iment to the Department of State constitutes a third degree fel-
as provided for in s.817.155, F.S.	and to the Department of State Communication and degree fer
(	
<b>\</b>	Sylberto Comez
Tr.	mad or minted name of ciures
Ty	Salberto Come?  yped or printed name of signee  Filing Fees