# 17/00 433488

(Re	questor's Name)	_
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>	159	Sign

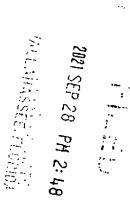


Office Use Only



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September 23, 2021

ALESSANDRO SANTANA 513 NW 24TH PLACE CAPE CORAL, FL 33993

SUBJECT: NEW LIFE WOOD FLOORS LLC

Ref. Number: W21000114959

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

Please accept our apology for failing to mention this in our previous letter.

Please list the full date the entity was first formed or organized in Michigan on the articles of conversion. Also please list a complete principal address on the articles of organization.

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.

Letter Number: 221A00023076

Matthew T Moon
Regulatory Specialist II Supervisor

2021 SEP 28 PH 2: 48



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 20, 2021

ALESSANDRO SANTANA 513 NW 24TH PLACE CAPE CORAL, FL 33993

SUBJECT: NEW LIFE WOOD FLOORS LLC

Ref. Number: W21000114959

We have received your document for NEW LIFE WOOD FLOORS 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):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate

of conversion. Towner Signed, Please Call if more information 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.

James G Harris Regulatory Specialist II

Letter Number: 021A000199842

#### **COVER LETTER**

Division of C	orporations					
SUBJECT: New Life	Wood Floors LLC					
SUBJECT:		ulting Florida Limit	ed Compa	ny)	_	
	s of Conversion, Articl a "Florida Limited Lia					
Please return all corre	espondence concerning	g this matter to:				
Alessandro Santana						
	(Contact Person)					
New Life Wood Floors	LLC					
	(Firm/Company)	<del></del>				
513 NW 24th Place						
	(Address)					
Cape Coral,FL 33993						
(0	City, State and Zip Code)					
janasantana98@gmail.	.com					
E-mail Address: (to b	e used for future annual rep	oort notifications)				
For further information	on concerning this mat	ter inlease call:				
	_	•	EC 4 226	:n		
Alessandro Santana	D	_at ( <u>734</u>	)	o ne Telephone Number)		
(Name of Conta	et Person)	(Area Code)	(Dayum	e rerepnone Number)		
	or the following amous a bank located in the U	` •	rocessed	by this office must	be payab	le 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 and Certified Cop	y C	DS185.00 Filing Fees, Certified Copy, and Certificate of Status		
Mailing Addr New Filing Se Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		Division The Cent 2415 N. :	ddress: ng Section of Corporations tre of Tallahassee Monroe Street, Suit see, FL 32303		2021 SEP 28 PH 2: 48
INHS11 (7/17)					2007 d	ά L

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:  New Life Wood Floors LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (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 around 2006 07 /21 / 2016 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
New Life Wood Floors LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:  September,01.2021
(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

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which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 8th day of august	2021
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: $\frac{1}{\sqrt{1 + 1 + 1}}$	
Printed Name: Alessandro Santana	_ Title: owner
Signature(s) on behalf of Other Business Entity: 1	
Signature:	
Printed Name: Alessardro SANTAWA	Title: Owner
Signature:	
Signature: Printed Name:	_ Title:
Signature:	
Signature:	_ Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	_ Title:
Signature:	
Signature:Printed Name:	_ Title:
f Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or C	
f Directors or Officers have not been selected, an Inc	orporator must sign.
f Florida General Partnership or Limited Liability	y Partnership:
Signature of one General Partner.	
f Florida Limited Partnership or Limited Liability	Limited Partnership:
ignatures of ALL General Partners.	

#### All others:

Signature of an authorized person.

#### Fees:

Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
New Life Wood Floors LLC		
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC."	<u>'</u>
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Lim	ited Liability Company is:
Principal Office Address:	Mailing Address:	
	Maning Addi C33.	
513 NW 24th Place	513 NW 24th place	
Care Coral, FL	Cape Coral,FL	
33993	33993	
ARTICLE III - Registered Agent, Register		
(The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	gistered Agent. You must designate	an individual or another
The name and the Florida street address of the	e registered agent are:	
Alessandro Santana		
Nar		
Ivai	TIC	
513 NW 24th Place		
Florida street address (P.	O. Box NOT acceptable)	
Cape Coral	FL 33993	
City	Zip	
Having been named as registered agent and		
liability company at the place designated		
registered agent and agree to act in this cape		
statutes relating to the proper and complete accept the obligations of my position as r		-
accept the obligations of my position as t	egisterea agent as providea	for at Chapter 600, 11,5,.
A Landon		2
Registered Agent's Sig	gnature (REQUIRED)	202
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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>.</u>
ALL AHASSEE.
PSSEE FLORIUS
-

#### **REQUIRED SIGNATURE:**

26-21-5

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.

Alessandro Santana

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)