# (2100)0509162

(Re	equestor's Name)	<del></del>
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	1
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





600375634536

11/08/21--01039--023 \*\*155.00

2021 11-2 P. 3: 66

## **COVER LETTER**

TO:	New Filing S Division of C				
		Orporations AND GRANITE EXPERTS	SHC		
SUBJ	ECT:		<u></u>	_	
		(Name of Re	sulting Florida Lim	ited Cor	npany)
The e Busin	nclosed Article ess Entity" into	s of Conversion, Artic o a "Florida Limited L	eles of Organiza iability Compan	tion, an y" in a	nd fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Please	return all corr	espondence concernin	g this matter to:		
ARTUF	R BOGUSZ				
		(Contact Person)		<del></del>	
27 Roll	and Ln	(Firm/Company)		_	
Palm C	Coast, FL 32164	(Address)		_	
	gusz@yahoo.com	City, State and Zip Code)		_	
E-n	nail Address: (to b	e used for future annual re	port notifications)		
For fu	rther information	on concerning this ma	tter, please call:		
ARTUF	R BOGUSZ		848 at (	250-4 _)	
	(Name of Conta	ct Person)	(Area Code	e) (Day	time Telephone Number)
		or the following amou a bank located in the		•	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion for Articles anization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co	_	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Addr New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		New I Divisi The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303



November 16, 2021

ARTUR BOGUSZ 27 ROLLAND LN PALM COAST, FL 32164

SUBJECT: MARBLE AND GRANITE EXPERTS LLC

Ref. Number: W21000147787

We have received your document for MARBLE AND GRANITE EXPERTS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 621A00027790

### **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.

(Enter Name of Other Business Entity)	·
Limited Liability Company	
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnersh	
New Jersey, USA	
First organized, formed or incorporated under the laws of(Enter state, or if a non-U.S.	
(Enter state, or if a non-U.S. 06/19/2014	entity, the name of the country)
on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attack MARBLE AND GRANITE EXPERTS LLC	ned Articles of Organization:
(Enter Name of Florida Limited Liability Company)	<u></u> ,
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 mor	e 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 requirement document's effective date on the Department of State's records.	·
Note: If the date inserted in this block does not meet the applicable statutory filing requirement	es, this date will not be listed as the
<u>Note:</u> 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.	es, this date will not be listed as the statutes.  It appraisal rights the amount to S.
<ul> <li>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.</li> <li>5. The plan of conversion has been approved in accordance with all applicable s</li> <li>6. The "Converted or Other Business Entity" has agreed to pay any members having</li> </ul>	es, this date will not be listed as the statutes.  It appraisal rights the amount to S.
<ul> <li>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.</li> <li>5. The plan of conversion has been approved in accordance with all applicable s</li> <li>6. The "Converted or Other Business Entity" has agreed to pay any members having</li> </ul>	es, this date will not be listed as the statutes.  It appraisal rights the amount to S.
<ul> <li>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.</li> <li>5. The plan of conversion has been approved in accordance with all applicable s</li> <li>6. The "Converted or Other Business Entity" has agreed to pay any members having</li> </ul>	is, this date will not be listed as the statutes.  g appraisal rights the amount to S.
<ul> <li>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.</li> <li>5. The plan of conversion has been approved in accordance with all applicable s</li> <li>6. The "Converted or Other Business Entity" has agreed to pay any members having</li> </ul>	es, this date will not be listed as the statutes.  It appraisal rights the amount to S.

Signed	d this <u>1st</u>	day of November	20 <b>_2 /</b>
Signa	ture of Autho	orized Representative of Lim	ited Liability Company:
C'			buy
Signat	ure of Author		
Printe	Name: Antur	BOGUSZ	Little: Member//
			[See below for required signature(s)]
Signati	ure:	Day	
Printed	l Name: ARTUR	BOGUSZ	Title: Member
Signati	ure:		
Printed	I Name:		Title:
Signati	ure:		*****
Printed	l Name:		Title:
Signati	ure:	<del> </del>	
Printec	l Name:		Title:
C			
Signati	ure:	· · · · · · · · · · · · · · · · · · ·	Title:
rnntec	i Name:		Inte:
Cionati	llea.		
Drintac	l Name:		Title:
rimec	i Name		riue.
If Flor	ida Corporat	ion·	
		nn. Vice Chairman, Director, or	Officer
If Dire	ctors or Office	rs have not been selected, an In	cornerator must sign
			eorporator mast sign.
If Flor	ida General F	Partnership or Limited Liabili	ty Partnershin:
		eral Partner.	
_			
If Flor	ida Limited F	Partnership or Limited Liabili	ty Limited Partnership:
Signati	ures of <u>ALL</u> O	eneral Partners.	<del>-</del>
All oth			
Signati	ure of an autho	orized person.	
<u>Fees:</u>			
	Articles of C		\$25.00
		ida Articles of Organization:	\$125.00
	Certified Co		\$30.00 (Optional)
	Certificate of	f Status:	\$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Nat The name of the L	me: imited Liability Company	is:	
MARBLE AND GRA	NITE EXPERTS LLC		
(M)	ist contain the words "Limited Liab	ility Company, "L.L.	C.," or "LLC.")
ARTICLE II - Ac		principal office	of the Limited Liability Company is:
Principal Office A	Address:	Mailing Ac	ldress:
27 Rolland Ln		27 Rolland L	п
Palm Coast, FL 321	54	Palm Coast.	FL 32164
(The Limited Liability C business entity with an	egistered Agent, Register ompany cannot serve as its own Reactive Florida registration.) Florida street address of the	gistered Agent. You r	egistered Agent's Signature: nust designate an individual or another nt are:
	ARTUR BOGUSZ		
Name			
	27 Rolland Ln		
	Florida street address (P	.O. Box <u><b>NOT</b></u> ac	cceptable)
	Palm Coast	32164 FL	
	City	•	Zip

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 as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

### **ARTICLE IV-**

ARTUR BOGUSZ

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager  AMBR	ARTUR BOGUSZ 27 Rolland Ln Palm Coast, FL 32164	<b>-</b>
<del></del>		_
	:	- - ?!
		ン - - - - -
(Use attachment if necessary)		<u>မှ</u> ာ ဟ
CLE V: Other provisions, if any.		
DEOLIDED CICYATURE		
REQUIRED SIGNATURE:		_
This document is executed in accordance	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, I am aware then to the Department of State constitutes a third degree fellows.	th: lo:

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)