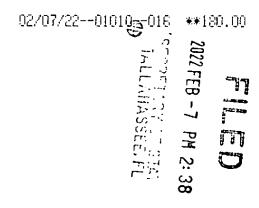
L22000044722

÷-	(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	o Filing Officer:

Office Use Only



000380705040



2022 FEB -7 PH 1: 01

CORPORATE ACCESS, _____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

'			WALK IN
		PICK UI	P: <u>02/07/2022</u>
	xx	CERTIFIED COPY	
		РНОТОСОРУ	
		CUS	
	xx	FILING	CONVERSION
1.		QUALITY CUSTOM CR (CORPORATE NAME AND DOCUMENT	
2.		(CORPORATE NAME AND DOCUMENT	Γ#)
3.		(CORPORATE NAME AND DOCUMENT	Γ#)
4.		(CORPORATE NAME AND DOCUMENT	Γ#)
5.		(CORPORATE NAME AND DOCUMENT	Γ#)
6.		(CORPORATE NAME AND DOCUMENT	Γ#)
	ECIA:	L CTIONS:	

Articles of Conversion

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversio	n <u>and attached</u>	Articles of Organiz	ation are submitted t	o convert the following
"Other Business Entity"	into a Florida	Limited Liability Co	ompany in accordance	ce with s.605.1045, Florida
Statutes.	:	•		

"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: QUALITY CUSTOM CRAFT L.L.C.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Michigan
(Enter state, or if a non-U.S. entity, the name of the country) on 01/18/2001
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
QUALITY CUSTOM CRAFT L.L.C.
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 1-EB 4- 2022. (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.

Signed	this $4^{7\lambda}$	day of	FEB	20_22	
Signatu	re of Autho	rized Repre	sentative of Li	mited Liability Company:	
		•			
Signatu	re of Authori	zed Represé	ntative:	off the	
Printed	Name: Todd R N	Metzger .		Title: Member	
Signatu	re(s) on beha	alf of Other I		: [See below for required s	ignature(s)]
Signatur	re:	MINIVILLE			
Printed	Name: Todd R N	vietzger -	<i>[</i>	Title: Member	-
Timea	re:			1100.	
Printed	Name:			Title:	
1111100		1			· ·
Signatu	re:				
Printed	Name:	:		Title:	
	· · · · · · · · · · · · · · · · · · ·				
Signatu	re:	;			
Printed	Name:			Title:	
		i			
Signatu	re:	1			
Printed	Name:			Title:	
		·			
Signatu	re:				
Printed	Name:	i		Title:	
		!			
lf Flori	da Corporati	ion:			
			rman, Director,		
If Direc	tors or Office	rs have not b	een selected, an	Incorporator must sign.	
		:			
				oility Partnership:	
Signatu	re of one Gen	eral Partner.			
		į			
				oility Limited Partnership:	
Signatu	res of <u>ALL</u> G	eneral Partne	rs.		
A 15 - 41					
All other		. ,			
Signatu	re of an autho	nzed person.			
Fees:					
	Articles of C	onversion:		\$25.00	
			of Organization		احد
	Certified Cor		or Organization		Ö
	Certificate of			\$30.00 (Optional)	
	Centificate of	Status;		\$5.00 (Optional)	;



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limit	ted Liability Company is:			
QUALITY CUSTOM CRAFT	11 C			
	ontain the words "Limited Liability	Company, "I	L.C.," or "LLC.")	
			•	
ARTICLE II - Addre			e	
ine maiing address a	nd street address of the pri	ncipal om	ce of the Limite	d Liability Company is:
Principal Office Add	ress:	<u>Mailing</u>	Address:	
4601 N Butternut Ave		4601 N But	ternut Ave	
Beverly Hills, FL 34465			s, FL 34465	•
	<u>-</u>			
ARTICLE III - Regis	stered Agent, Registered	Office, &	Registered Ag	ent's Signature:
business entity with an activ	any cannot serve as its own Registe e Florida registration.)	red Agunt. Yo	ou must designate an	individual or another
Man many and the Fla	and the mean of the contract o			
ine name and the Flor	rida street address of the re	gistered a	gent are:	
Re	gistered Agents Inc.			
	Name			
- ;	01 4th St N STE 300			
, i	lorida street address (P.O.	Box NOT	acceptable)	
i S	St. Petersburg	FL	33702	
\	City		Zip	
Having been named	as registered agent and to	accept ser	vice of process f	or the above stated limited
liability company	at the place designated in	this certific	cate, I hereby ac	cept the appointment as
registered agent and	agree to act in this capacit	ty. I furthe	r agree to comp	ly with the provisions of all
statutes retaining to	the proper and complete pe	erformance	e of my duties, a	nd I am familiar with and
accept the ootigu	tions of my position as regi	sierea age	ni as proviaea je	or in Chapter 605, F.S
	Pro V			
_	Dec 1			
	Registered Agent's Signa	ature (REC	(UIRED)	3
				77 2
	<i>(ሮኒ</i> ላኢየምፔኣነሃ	TETA)		17. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12
	(CONTINU	LLD)		
				ASS
	<u> </u>			C. T.

A	RTI	Æ	TV.
~	1 1 1	 1 2	

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

	Name and Address:
"AMBR" = Authorized M	etitoet
"MGR" = Manager	Todd B Malaura
AIMBR	Todd R Metzger
]	4601 N Butternut Ave
	Beverly Hills, FL 34465
· ·	
į.	
•	
ı	
:	
!	
	<u> </u>
!	<u> </u>
:	
(Use attachment if necess	
(Use attachment if necess	
:	
:	
CLE V: Other provisions, if	any.
:	any.
CLE V: Other provisions, if	any.
CLE V: Other provisions, if	any.
CLE V: Other provisions, if	any.
CLE V: Other provisions, if REQUIRED SIGNATU Signature of a m	any. RE: John Market John Market John Market Ma
REQUIRED SIGNATU Signature of a m This document is executed i	ember or an authorized representative of a member accordance with section 605.0203 (1) (b). Florida Stanutes, I am aware the
REQUIRED SIGNATU Signature of a m This document is executed i any false information submit	ember or an authorized representative of a member accordance with section 605.0203 (1) (b), Florida Statutes. I am aware the din a document to the Department of State constitutes a third degree felo
REQUIRED SIGNATU Signature of a m This document is executed i	ember or an authorized representative of a member accordance with section 605.0203 (1) (b), Florida Statutes. I am aware the din a document to the Department of State constitutes a third degree felo
REQUIRED SIGNATU Signature of a m This document is executed i any false information submit as provided for in s.817.155.	ember or an authorized representative of a member accordance with section 605.0203 (1) (b), Florida Statutes. I am aware the din a document to the Department of State constitutes a third degree felo
REQUIRED SIGNATU Signature of a m This document is executed i any false information submit	ember or an authorized representative of a member accordance with section 605.0203 (1) (b), Florida Statutes. I am aware the din a document to the Department of State constitutes a third degree felowers.
REQUIRED SIGNATU Signature of a m This document is executed i any false information submit as provided for in s.817.155.	ember or an authorized representative of a member accordance with section 605.0203 (1) (b), Florida Statutes. I am aware the din a document to the Department of State constitutes a third degree felowers. Typed or printed name of signee
REQUIRED SIGNATU Signature of a m This document is executed i any false information submit as provided for in s.817.155. Todd R Metzger	ember or an authorized representative of a member accordance with section 605.0203 (1) (b), Florida Statutes. I am aware the din a document to the Department of State constitutes a third degree felowers.