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

Office Use Only

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SECRETARY OF STATE FALLAHASSEE, FLORIDA

D. O'KEEFE

FEB - 9 2022

COVER LETTER

TO: New Filing S Division of C			
SUBJECT: Project	Paint LLC		
		sulting Florida Limit	ted Company)
The enclosed Article Business Entity" into	es of Conversion, Artic o a "Florida Limited L	eles of Organizati iability Company	ion, and fees are submitted to convert an "Other y" in accordance with s. 605.1045, F.S.
Please return all corn	respondence concernin	g this matter to:	
Todd Lempe			ATTACHMENTS:
	(Contact Person)		- CURRENT PROSECT PAINT LLC
Project Paint LLC			FILING DISSOLVE: LODOD 13894
	(Firm/Company)		- COLUMADO SEC. OF STATE DOCS
4846 Europa Dr.			- COLORADO PROTECTPAINT LLC
	(Address)		OPERATION AGREEMENT
Naples, Fl. 34105			- 1RS TAX 1.0. PROJECT PAINT LLC
(City, State and Zip Code)		- TORESTANTILLO
tlempe1@gmail.com			- FILING FEE CHECK
E-mail Address: (to b	e used for future annual re	port notifications)	-
For further informati	on concerning this ma	tter, please call:	
Todd Lempe		_at (₅ 916-4578
(Name of Conta	act Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check to dollars and drawn on	for the following amount a bank located in the	int: (All checks p United States)	processed by this office must be payable 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.	
Mailing Add		}	Street Address:
New Filing S			New Filing Section
Division of C			Division of Corporations
P.O. Box 632	.1	•	The Centre of Tallahassee

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 A Project Paint LLC	rticles of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a State of Colorado LLC	
(Enter entity type. Example: corporation, limited partnership, general partnership, co	ommon law or business trust, etc.)
First organized, formed or incorporated under the laws of Colorado	
(Enter state, or if a non-U.S. entity	y, the name of the country)
8/17/2006 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached	Articles of Organization:
Project Paint LLC	
(Enter Name of Florida Limited Liability Company)	·
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 more the the date this document is filed by the Florida Department of State.)	an 90 calendar days after
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s date will not be listed as the
5. The plan of conversion has been approved in accordance with all applicable statu	tes.
 The "Converted or Other Business Entity" has agreed to pay any members having ap which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	praisal rights the amount to
	FIL 2022 JAN 21 SECRETAF TALLAHAS

•				
Signed this 18th	_ day of January	20		
Signature of Author	rized Representative o	of Limited Liability Company:		
Signature of Authoriz Printed Name: Todd L	zed Representative: empe	Title: Owner	_	
Signature(s) on beha	If of Other Business En	ntity: [See below for required signature(s)]	l	
Signature:	200			
Printed Name: 10	DD LEMPE	Title: REPRESENATIVE D	WNER	
Signature:		·		
Printed Name:		Title:	<u> </u>	
Signature:				
Printed Name:		Title:	- -	
Printed Name:		Title:		
Signature:				
Printed Name:		Title:		
Signature:				
Printed Name:		Title:	<u> </u>	
If Florida Corporation	o <u>n:</u>			
	, Vice Chairman, Direct			
If Directors or Officer	s have not been selected	, an Incorporator must sign.		
If Florida General Pa Signature of one Gene	artnership or Limited I	Liability Partnership:		
			,	
Signatures of ALL Ge		Liability Limited Partnership:	SECRETARY TALLAHASSI	200
All others:			JAN AHA	=
Signature of an author	ized person.		ARY VSSE	ה ח
Fees:			E. FI	-

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Project Paint LLC		
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
4846 Europa Dr., Naples, FL. 34105	4846 Europa Dr., Naples, Fl.	34105
ARTICLE III - Registered Agent, Registered (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 re-	red Agent. You must designate an in	nt's Signature: dividual or another
The name and the Florida street address of the re-	gistered agent are:	
Todd Lempe		
Name		
4846 Europa Dr.		
Florida street address (P.O.	Box NOT acceptable)	
Naples	FL ³⁴¹⁰⁵	
City	Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered. Registered Agent's Signa (CONTINU)	his certificate, I hereby acce v. I further agree to comply erformance of my duties, and stered agent as provided for ture (REQUIRED)	pt the appointment as with the provisions of all I I am familiar with and

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager AMBR (Use attachment if necessary) LE V: Other provisions, if any.	Todd Lempe 4846 Europa Dr. Naples, Fl. 34105	
(Use attachment if necessary)	4846 Europa Dr. Naples, Fl. 34105	DECRETARY OF SIA
(Use attachment if necessary)	4846 Europa Dr. Naples, Fl. 34105	
• •	Naples, Fl. 34105	
• •	TALLAHABSEE, FLORI	
• •	TALLAHABSEE. FLORI	
• •	TALLAHABSEE, FLORI	
• •	TALLAHABSEE. FLORI	
• •	TALLAHABSEE. FLORI	SECRETARY OF SIA
• •	TALLAHABSEE. FLORI	BECRETARY OF SIA
• •	TALLAHABSEE, FLORI	BECRETARY OF SIA
• •	TALLAHABSEE. FLORI	BECRETARY OF SIA
• •	TALLAHABSEE. FLORI	BECRETARY OF SIA
• •	LLAHABSEE, FLORI	SECRETARY OF SIA
• •	AHABSEE. FLORI	RETARY OF SIA
• •	ASSEE. FLORIE	TARY OF SIA
• •	SEE, FLORII	RY OF SIA
• •	E. FLORII	0F S 1A
• •	FLORI	5.1×
LE V: Other provisions, if any.	OR!	≓⋝
LE V: Other provisions, if any.	a ann	<u>~</u>
LE V: Other provisions, if any.	O A	:> :>
	-	
REQUIRED SIGNATURE:		
100		
Signature of a member or an	authorized representative of a member	
This document is executed in accordance with	h section 605.0203 (1) (b). Florida Statutes. Lam awai	are th
any false information submitted in a document	it to the Department of State constitutes a third degree	e felo
as provided for in s.817.155, F.S.	(_)(
_ TODD LEMPE	- Hor	
	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)

To whom it concerns,

I, Nancie Norman, own Project Paint LLC fictitious name at: 1330 SNELL ISLE BLVD. NE 3, ST. PETERSBURG, FL 33704.

I have the current Sunbiz.org listing of: Project Paint LLC., Dec. Locoo138947 I am dissolving it and withdrawing from use of the name, and **do not** plan on reinstating it.

I have no pending legal obligations to the name Project Paint LLC and the name is not associated with any current or pending lawsuits.

STATUS: INACTIVE
FILED: MAY ZI, 2020
PHONE: 214-437-5391
Signature of person providing statement: Marie Worman
State of Flinida County of Pinellas
The foregoing instrument was acknowledged before me by means of:
Physical presence on this 15 day of Linuxy . 20 22, by
Notary Public check applicable box:
Drivers License or:
Notary Seal: ETHAN S. BABCOCK Notary Public - State of Florida Commission # HH 61272 My Comm. Expires Nov. 8, 2024

Notary Signature: With J. Keller