# L22000070520

(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 Filing Officer:	

Office Use Only



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02/21/22--01010--004 \*\*150.00



FEB 21 2022

K. Brumbley

## **COVER LETTER**

	NSPECTION ulting Florida Limited Com	upany)
The enclosed Articles of Conversion, Articles Business Entity" into a "Florida Limited Lia	_	
Please return all correspondence concerning	g this matter to:	
TERRY CHAWN (Contact Person)		-
CORNERSTANG INSPECTION L	<u>uc</u>	
4666 NW 84 <sup>th</sup> AVE (Address)		
DORAL FL 33166 (City, State and Zip Code)		
TERRY CORNERSTONE NOT.  E-mail Address: (to be used for future annual rep	coM port notifications)	
For further information concerning this mat	ter, please call:	
TERRY CHAWIN (Name of Contact Person)	at ( 985 ) 76 (Area Code) (Day	16 - 2933 time Telephone Number)
Enclosed is a check for the following amoundollars and drawn on a bank located in the U		ed 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 Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address:		Address:
New Filing Section Division of Corporations		Filing Section on of Corporations
P.O. Box 6327		entre of Tallahassee
Tallahassee, FL 32314	-	N. Monroe Street, Suite 810

Tallahassee, FL 32303

**TO:** New Filing Section Division of Corporations

#### **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:
CORNBRITONE INSPECTION LLC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED LIABILITY CORP.  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of <u>LOUISIANA</u> (Enter state, or if a non-U.S. entity, the name of the country)
on MARCH 3 <sup>RO</sup> ZOIS (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
CORNERSTONE INSPECTION LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 2/15/27.  (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
(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 25 day of JANUARY	_20 <u></u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: TERRY Printed Name:	CHAUVIN Title: PRESIDENT
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Printed Name: TEALTLY CHAUVIN	Tille: Dosting 5
Printed Names 1/BALICY CNAOVITE	Title: Piecolpan
Signature:Printed Name:	m:-1
Printed Name:	little:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	o. #
Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	
if pheciois of Officers have not been selected, an inc	corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
CORNERSTONE INSPECTION (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4666 MW 84th AVE DORAL, FL 33166	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
TERRY CHAUVIN	<del> </del>
TARRY CHAUNN Name  4666 NW 84 <sup>H</sup> AVE  Florida street address (P.O.	Box NOT acceptable)
DORAL	FL 33/66
<u>DORAL</u> City	Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S
(CONTINU	JED)

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. . . .

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

"AMBR" = Authorized Member	
"MGR" = Manager AMBR	TERRY CHAUVIN
HIMOK _	4666 NW SUL AVE
	DORAL FL 33166
	10000
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)  CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:	an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document is a document in a docum	with section 605.0203 (1) (b), Florida Statutes. I am aware that
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felor
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felor
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)