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	(equestor's Name)	
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	ity/State/Zip/Phone #)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	susiness Entity Name)	
_		
(C	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
		i

Office Use Only



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10/25/22--01006--008 **137,50

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V22-138/62

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Dean's PAIN (Name of Re	esulting Florida Limited Company)
	cles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concernir	ng this matter to:
Dean's Contact Person) Dean's Ain The General (Firm/Company) 3592 Junction (Address) (Address) (City. State and Zip Code) E-mail Address. (to be used for future annual resonance of the content of	
(Name of Contact Person)	at (440) 9/5-4/10 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amound dollars and drawn on a bank located in the	i.h
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\square\$ \$150.00 Filing Fees and Certificate of Status	S180.00 Filing Fees and Certified Copy and Certificate of Status S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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:
DEAN'S PAINTING COMPANY, 11C. (Enter Name of Other Business Entity)
(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
(Enter state, or if a non-U.S. entity, the name of the country)
on 6/9/2003 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Dean's Painting Company LC. (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 11/9/2022.
(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.

2022 NOV 30 PM 6: 10

Signed this 9th day of November	-20 <u>22</u>			
Signature of Authorized Representative of Limit	ted Liability Company:			
Signature of Authorized Representative: Printed Name: DPANA TOPOLA	n A. Josola. Title: MANAGING MES	mber		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)			
Signature: Dean A. Jopola Printed Name: Dean A. Topola				
Printed Name: Dean A. Topola	Title: MANIGING ME	mbe	2	
Signature:) /			
Printed Name:	Title:	ı		
Signature:		<u>-</u>		
Signature: Printed Name:	_ Title:			
Signature:				
Signature:Printed Name:	Title:	,		
Signature:		•		
Printed Name:	_ Title:			
Signature: Printed Name:		,		
Printed Name:	Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or C				
If Directors or Officers have not been selected, an Inc	corporator must sign.			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:			
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:			
Signatures of ALL General Partners.				
All others: Signature of an authorized person.				
·		<u> </u>	202	
<u>Fees:</u>] 	2 NO	
Articles of Conversion:	\$25.00	AHASSI	2022 NOV 30	
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$30.00 (Optional)) PH	IT
Certificate of Status:	\$5.00 (Optional)	0.13 1.0	Ω ⊒z	Ĺ
			6: 14	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
Dean's Pain Ting (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 Liabi	ility Company is:
Principal Office Address:	Mailing Address:	
North Port Fla	SAM e	
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-	egistered agent are:	
Dean Top Name	20/A	
Florida street address (P.O.	Box NOT acceptable)	
Morta Port	- FL 34288 Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacid statutes relating to the proper and complete p accept the obligations of my position as reg	this certificate, I hereby accept the ty. I further agree to comply with erformance of my dutics, and I am	e appointment as the provisions of all familiar with and
Dean A.	Topola	
Registered Agent's Signa (CONTINU		7022 NOV 30 P

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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 M & R	DRAN TOPOLA 3592 JUNCTION ST North Port F1 34288
AMBR	CARI TOPO/A 3592 JUNCTION ST NORTH PORT F1 34288
(Use attachment if necessary)	2022 NOV 30
RTICLE V: Other provisions, if any.	<u> </u>
	000 Fig. 14
REQUIRED SIGNATURE:	la.

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.

To Po A

Typed or printed name of signee

Filing Fees