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(Cit	y/State/Zip/Phone	: #)
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COVER LETTER

	Filing Section sion of Corporations		
SUBJECT:	DÈM Re	modeling Pros	UC mpany)
The enclose Business En	d Articles of Conversion,	Articles of Organization, ar	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return	n all correspondence conce	erning this matter to:	
	Evelin V Mend	12	
<u> De</u>	Evelov Mend (Contact Person) M Remodeling - (Firm/Company)	Pros, LLC	
2900	(Firm/Company) SW 116 Aug + (Address) amay FL (City, State and Zip Co	£104	
_Mir	amar FL	33025	
·	(City, State and Zip Co	ode)	
	dress: (to be used for future ann		
For further is	nformation concerning this	s matter, please call:	
Evel (Nam	e of Contact Person)	at (954) 99 (Area Code) (Day	95-3216 rtime Telephone Number)
Enclosed is a dollars and d	a check for the following a drawn on a bank located in	mount: (All checks process the United States)	sed by this office must be payable in US
S150.00 Fil (\$25 for Conve & \$125 for Art of Organization	ersion and Certificate of icles Status	ces Ø\$180.00 Filing Fees and Certified Copy	S185.00 Filing Fees, Certified Copy, and Certificate of Status
New Divis	ing Address: Filing Section sion of Corporations Box 6327	New I Divis	t Address: Filing Section ion of Corporations Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Conversion

For

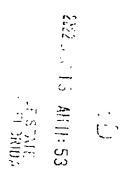
"Other Business Entity"

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 Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
on 973200 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
DEM Remodeling Pros, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 121322.
(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 13 day of December	20_22	
Signature of Authorized Representative of Limited Liability Company:		
Signature of Authorized Representative: Printed Name:	Title:	
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]	
Signature: Dennis A. Herde	2 Title: <u>President</u>	
Signature:madio Mejor Printed Name: Martin y. Mejou	Title: Vice President	
Signature: Evel, nV. Mercle 2	Title:	
Signature: Printed Name:		
Signature: Printed Name:		
Signature: Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer.	
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.		
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.		
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:

DEM Remodeline Pros. (Must contain the words "Umited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the particle.	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2900 SW 116 Avenue unit # 104 Miramar FL 33025	2900 Sie 116 Avenu unit# 104 Miramar, Pl. 33025
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	d Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
<u>Evelin Mender</u> Name	<u> </u>
2900 SW 116 Avenue Florida street address (P.O.	
Miramac	FL 30025
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-

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	
Marager	Dennis A. Mendez 2900 SW 116 Avenue unit #104 Miramar FL 33025
Authorized Member	Evelin Mendez 2900 SW 116 Avenue unit # 104 Miramar FL 33025
Authorized Member	Marlin Megia 2178 SW 31 CT Miami PL 33133
(Use attachment if necessary)	
RTICLE V: Other provisions, if any.	
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 that ment to the Department of State constitutes a third degree felony
Eurin	Mende 2
Тут	Mende 2 ped or printed name of signee
	Filing Fees
\$125.00 Filing Fee for Articles of \$30.00 Certified Copy (Options	f Organization and Designation of Registered Agent
3 30.00 Certified Copy (Options	al) \$ 5.00 Certificate of Status (Optional)