

123000084520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

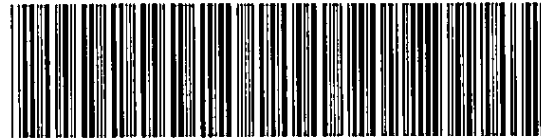
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200400349672

01/17/23--01037--021 \*\*185.00

23 JAN 17 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 1, 2023

DENISE BENEDICT  
3274 EVERGREEN CIRCLE  
WALWORTH, NY 14568

SUBJECT: CNS CUSTOM DESIGN LLC  
Ref. Number: W23000013305

We have received your document for CNS CUSTOM DESIGN LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

ARCEDRA JOHNSON  
Regulatory Specialist II

Letter Number: 023A00002385

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23 JAN 17 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 JAN 17 2:00

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: CNS Custom Design  
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Denise Benedict  
(Contact Person)

Administrative / HR Manager  
(Firm/Company)

3274 Evergreen Circle  
(Address)

Walworth NY 14568  
(City, State and Zip Code)

cnscustomdesign@gmail.com  
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Denise Benedict at ( 585 ) 474-2902  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in dollars and drawn on a bank located in the United States)

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) | <input type="checkbox"/> \$155.00 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$180.00 Filing Fees<br>and Certified Copy | <input checked="" type="checkbox"/> \$185.00 Filing Fees,<br>Certified Copy, and<br>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

23 JAN 17 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FL 32309

FILED

**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:

CNS Custom Design

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a

LLC

(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of

New York State

(Enter state, or if a non-U.S. entity, the name of the country)

on

8/14/2017

(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

CNS Custom Design LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: march 1, 2023

(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.

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23 JAN 17 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 7 day of January 2023

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: [Signature]  
Printed Name: Steven J Judson Title: owner

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature: [Signature]  
Printed Name: Denise Benedict Title: Administrative Manager

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.  
If Directors or Officers have not been selected, an Incorporator must sign.

**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:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

23 JAN 17 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

CNS Custom Design LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### Principal Office Address:

13661 Julius Way Apt 1326  
Fort Myers FL  
33919

### Mailing Address:

13661 Julius Way Apt 1326  
Fort Myers FL  
33919

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

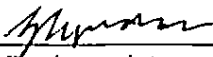
The name and the Florida street address of the registered agent are:

Steven Judson  
Name

13661 Julius Way Apt 1326  
Florida street address (P.O. Box NOT acceptable)

Fort Myers FL 33919  
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)

23 JAN 17 AM 10:06  
STATE OF FLORIDA  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

FILED

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Denise Benedict  
3274 Evergreen Circle  
Walworth, NY 14568

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(Use attachment if necessary)


**ARTICLE V:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23 JAN 17 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**REQUIRED SIGNATURE:**



**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.

Denise Benedict

Typed 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)**

## ONLINE FILING RECEIPT

=====

ENTITY NAME: CNS CUSTOM DESIGN LLC

DOCUMENT TYPE: ARTICLES OF ORGANIZATION (DOM. LLC)

COUNTY: MONR

=====

FILED:08/14/2017 DURATION:\*\*\*\*\* CASH#:170814010454 FILE#:170814010454  
DOS ID:5186182

FILER:

EXIST DATE

-----  
WOODS OVIATT GILMAN LLP  
700 CROSSROADS BUILDING  
2 STATE STREET  
ROCHESTER, NY 14614-----  
08/14/2017

ADDRESS FOR PROCESS:

-----  
C/O THE LLC  
1418 EAST RIDGE ROAD  
ROCHESTER, NY 14621REGISTERED AGENT:  
-----23 JAN 17 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

The limited liability company is required to file a Biennial Statement with the Department of State every two years pursuant to Limited Liability Company Law Section 301. Notification that the Biennial Statement is due will only be made via email. Please go to [www.email.ebiennial.dos.ny.gov](http://www.email.ebiennial.dos.ny.gov) to provide an email address to receive an email notification when the Biennial Statement is due.

=====

SERVICE COMPANY: \*\* NO SERVICE COMPANY \*\*  
SERVICE CODE: 00

FEE:	210.00	PAYMENTS	210.00
FILING:	200.00	CHARGE	210.00
TAX:	0.00	DRAWDOWN	0.00
PLAIN COPY:	0.00		
CERT COPY:	10.00		
CERT OF EXIST:	0.00		

=====

DOS-1025 (04/2007)



**STATE OF NEW YORK**  
**DEPARTMENT OF STATE**

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is true copy of said original.



WITNESS my hand and official seal of the  
Department of State, at the City of Albany, on  
August 14, 2017.

A handwritten signature in black ink, appearing to read "B. Fitzgerald", written over a horizontal line.

Brendan W. Fitzgerald  
Executive Deputy Secretary of State

SECRETARY OF STATE  
TALLAMOUNT ST. ALBANY

23 JUN 17 AM 10:06

FILED

**ARTICLES OF ORGANIZATION  
OF  
CNS Custom Design LLC**

Under Section 203 of the Limited Liability Company Law

**FIRST:** The name of the limited liability company is:

**CNS Custom Design LLC**

**SECOND:** The county, within this state, in which the office of the limited liability company is to be located is **MONROE**.

**THIRD:** The Secretary of State is designated as agent of the limited liability company upon whom process against it may be served. The address within or without this state to which the Secretary of State shall mail a copy of any process against the limited liability company served upon him or her is:

c/o the LLC  
1418 East Ridge Road  
Rochester, NY 14621

I certify that I have read the above statements, I am authorized to sign these Articles of Organization, that the above statements are true and correct to the best of my knowledge and belief and that my signature typed below constitutes my signature.

Brenda LaLoggia, Organizer (signature)

\_\_\_\_\_  
Brenda LaLoggia , ORGANIZER  
Woods Oviatt Gilman LLP  
700 Crossroads Building, 2 State Street  
Rochester, NY 14614

**Filed by:**

Woods Oviatt Gilman LLP  
700 Crossroads Building  
2 State Street  
Rochester, NY 14614

**FILED WITH THE NYS DEPARTMENT OF STATE ON: 08/14/2017  
FILE NUMBER: 170814010454; DOS ID: 5186182**

**FILED**  
23 JAN 11 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Department of the Treasury**  
**Internal Revenue Service**  
**Cincinnati, Oh 45999**

In reply refer to: 0248604577  
Jun 28, 2017 LTR 147C  
46-4775081

**STEVEN JAMES JUDSON JR**  
**VIVID EXPRESSIONS PAINTING SERVICE**  
**136 WILDWOOD ACRES**  
**MOORESVILLE NC 28115-9172 365**

Taxpayer Identification Number: 46-4775081

Form(s):

Dear Taxpayer:

Thank you for your telephone inquiry of June 28th, 2017.

Your Employer Identification Number (EIN) is 46-4775081. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call 866-860-4259. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

MRS STOKLEY  
1000196601  
PRACTITIONER PRIORITY SERVICE

23 JAN 17 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Welcome, cnscustomdesign ▼

# Florida Business Tax Application

## Confirmation

Thank you for submitting your Florida Business Tax Application. Your application has been successfully transmitted for processing.

Application confirmation Number: **265-4280-0323** (confirmation number will be sent to the email address associated with your user profile, cnscustomdesign@gmail.com (mailto:cnscustomdesign@gmail.com))

**Applicant Name**

CNS Custom Design

**Applicant ID**

FEIN: 82-2738830

**Physical Address**

13661 Julias Way, Apt 1326, Fort Myers, FL, US, 33919-6220

**Mailing Address**

13661 Julias Way, Apt 1326, Fort Myers, FL, US, 33919-6220

**Confirmation Number**

265-4280-0323

**Submission Date/Time**

01/03/2023 01:10 PM

To verify the status of your submitted application, you may return to this site after three days. You will be asked to log in using the credentials you established when beginning the application process.

If your application is approved, you will receive your certificate of registration or notification of liability via U.S. Mail within **7-10 days**.

FILED  
23 JAN 17 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

**To maintain a record of this application:**

- Print this page for your confirmation
- Click here to view a printable version of your registration application
- Click here to subscribe to Department of Revenue electronic publications

**Additional Registration Tasks**

Based on your responses during the application process, the following tasks and forms may also need to be completed.

- New Florida employers **must** register with the *Florida New Hire Reporting Center* to report newly hired and re-hired employees in Florida at the Florida New Hire Reporting Center website (<https://servicesforemployers.floridarevenue.com/Pages/home.aspx>).
- Florida employers are **required** to obtain appropriate workers' compensation insurance coverage for their employees at the Florida Division of Workers' Compensation website (<https://www.myfloridacfo.com/division/wc/>).

FILED  
23 JAN 17 AM 10:07  
TALLAHASSEE, FL  
SECRETARY OF REVENUE

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Employment (<https://floridarevenue.com/Pages/jobs.aspx>)

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5050 West Tennessee Street, Tallahassee, FL 32399