

L23000116731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

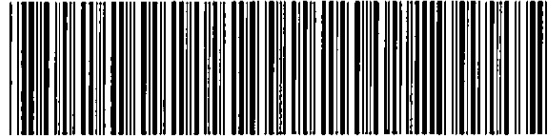
(Document Number)

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

Special Instructions to Filing Officer:

W23000026801

Office Use Only



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02/09/2004 01:08:55 150.00

23 FEB -9 AM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 27, 2023

ANDREW BROWN  
43 S POMPANO PARKWAY #253  
POMPANO BEACH, FL 33069 US

SUBJECT: BEST REMODELING AND REPAIRS, INC  
Ref. Number: W23000026801

We have received your document for BEST REMODELING AND REPAIRS, INC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return your document, along with a copy of this letter, within 60 days of 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: 323A00004569

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23 FEB -9 AM 3:00  
SECRETARY OF STATE  
DATE RECEIVED: 2/27/23

2023  
FEB 28 2:04 PM

**COVER LETTER**

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

**SUBJECT:** BEST REMODELING AND REPAIRS, LLC  
(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:

Andrew Brown  
(Contact Person)  
BEST REMODELING AND REPAIRS, LLC.  
(Firm/Company)  
43 S. Pompano Parkway, #253  
(Address)  
Pompano Beach, FL 33069  
(City, State and Zip Code)  
yachtrefinishing@ymail.com  
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Andrew Brown at (954) 536-2610  
(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 US dollars and drawn on a bank located in the United States)

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

**FILED**  
23 FEB -9 AM 8:01  
SECRETARY OF STATE  
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:  
BEST REMODELING AND REPAIRS, INC.  
(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 Florida  
(Enter state, or if a non-U.S. entity, the name of the country)

on September 12, 2006  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
BEST REMODELING AND REPAIRS, LLC.  
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: January 24, 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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AM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 24 day of January 2023

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

Signature of Authorized Representative: Andrew D  
Printed Name: Andrew Brown Title: Manager

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

Signature: Andrew D  
Printed Name: Andrew Brown Title: President

Signature: R Brown  
Printed Name: Reisha Brown Title: Vice President

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)

*signature needed*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

23 FEB - 9 AM 3:01

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

BEST REMODELING AND REPAIRS, 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:

43 S. Pompano Parkway #253  
Pompano Beach, FL 33069

### Mailing Address:

43 S. Pompano Parkway # 253  
Pompano Beach, FL 33069

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

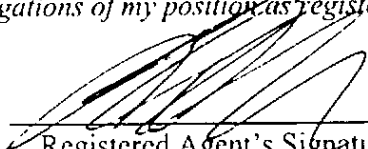
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

<u>Norman A. Lobban</u>	
Name	
<u>3800 Inverrary Boulevard, STE 100J</u>	
Florida street address (P.O. Box <b>NOT</b> acceptable)	
<u>Lauderhill</u>	<u>FL 33319</u>
City	Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Andrew Brown

43 S. Pompano Parkway, # 253

Pompano Beach, FL 33069

\_\_\_\_\_

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(Use attachment if necessary)

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

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

**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.

Andrew Brown

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)**

23 FEB -9 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000117642

**Entity Name:** BEST REMODELING AND REPAIRS, INC.

**Current Principal Place of Business:**

801 NE 3RD ST  
DL127  
DANIA BEACH, FL 33004

**Current Mailing Address:**

43 S POMPANO PARKWAY  
253  
POMPANO BEACH, FL 33069 US

**FEI Number:** 57-1239314

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROWN, ANDREW  
43 S POMPANO PARKWAY  
253  
POMPANO BEACH, FL 33069 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P, D  
Name BROWN, ANDREW  
Address 43 S POMPANO PARKWAY  
253  
City-State-Zip: POMPANO BEACH FL 33069

Title VP, D  
Name BROWN, KEISHA  
Address 43 S POMPANO PARKWAY  
253  
City-State-Zip: POMPANO BEACH FL 33069

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23 FEB -9 AM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** ANDREW BROWN

**PRESIDENT**

**03/10/2023**

Electronic Signature of Signing Officer/Director Detail

Date