L23000/39906

(Re	questor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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D. O'KEEFE

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Mane of Resulting Florida Limited Company) (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:
Kelly Childres
Masic Carpet Ventures Inc
Masic Carpet Ventures Inc (Firm/Company) (Address)
Veno Beach 1 32960 (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person) at (772) 559 2003 (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)
\$\begin{align*} \text{\text{\$\text{S}}} \text{150.00 Filing Fees} & \propto \$\text{\$\$\text{\$\e
Mailing Address: New Filing Section Street Address: New Filing Section

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

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 <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 Covporation limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Flovida (Enter state, or if a non-U.S. entity, the name of the country)
on 4 8 200 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(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: 4 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.

Signed this day of march	20 23		
Signature of Authorized Representative of Limi			
Signature of Authorized Representative: Ve Printed Name: Vely Childers	_ Title:		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)}		
Signature:			
Printed Name: Yelly UChilders	Title: President		
,			
Signature:Printed Name:	Title:		
Signature: Printed Name:	TM		
rimted name:	(ittle:		
Signature:			
Signature:Printed Name:	_ Title:		
Signature:Printed Name:			
Printed Name:	fitte:		
Signature:			
Signature: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	v Partnerchin		
Signature of one General Partner.	Turnersing.	<u>></u> .	205
·		-	<u>دية</u> 14
If Florida Limited Partnership or Limited Liabilit	v Limited Partnership:	A. 11. 14. 1	AK
Signatures of <u>ALL</u> General Partners.		10.	 1
All others:		· ,	
Signature of an authorized person.		(Ĭ
C		2. 2.	PH 12: 40
Fees:		-	<u> </u>
Articles of Conversion:	\$25.00		

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: \$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:
Magre Carpet Ventures LLC (Must contain the words "Limited Liability Company, "L.L.C." or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
1600 Floth Street Same
Vero Beach, the
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:
- Kelly L Childers
Florida street address (P.O. Box NOT acceptable)
Vero Beach FL 32940 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.,
- KOGO E E
Registered Agent's Signature (REQUIRED) (CONTINUED)

ARTICLE IV-

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

.

Name and Address:	
Lely LChi 1600 31044 Vero Brac	ilders Street, Ste D, 71 32960
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necessary)	K-7 PI
ons, if any.	PM 12: 4C
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ATURE:	
of a member or an authorized representative of cuted in accordance with section 605,0203 (1) (b), Florida 3 submitted in a document to the Department of State constitution 17,155, F.S.	Statutes. I am aware that
Kelly L Childers	
17.155, F.S. Typed or printed name of signee	utes a third degree

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)