# 13000 194265

(Requestor's Name)  (Address)	
(Address)	9004003
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL	01/23/2301
(Business Entity Name)	
(Document Number)  Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	fils 2

Office Use Only



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2023 FEB 22 PK 3: 5

February 9, 2023

ALESSANDRO BONETTI BONETTI'S TILE & PAINT LLC 4635 BASHORE DR APT P11 NAPLES, FL 34112

SUBJECT: BONETTI'S TILE & PAINT LLC

Ref. Number: W23000017554

We have received your document for BONETTI'S TILE & PAINT LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the marked sections in the Articles of Conversion. A signature is missing. Also, the word "Owner "cannot be used as a title.

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.

Letter Number: 623A00003125

DANIEL L O'KEEFE Regulatory Specialist II

WC 2 FT 1:59

## COVER LETTER

Division of C	orporations			
SUBJECT: BONET	TI'S TILE & PAINT LLC			
	(Name of Re	sulting Florida Li	mited Cor	mpany)
				nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to	):	
ALESSANDRO BONE	TTI			
	(Contact Person)		<del></del>	
BONETTI'S TILE & PA	AINT LLC			
	(Firm/Company)	-	<del></del>	
4635 BAYSHORE DR	APT P11			
	(Address)		<del></del>	
NAPLES FL 34112				
(1	City, State and Zip Code)		<del></del>	
BONETTITILENAPLE	S@GMAIL.COM			
E-mail Address: (to b	e used for future annual re	port notifications	)	
For further informati	on concerning this ma	tter, please cal	l:	
ALESSANDRO BONE	πı	_at (	<sub>\</sub> 810-	5179
(Name of Conta	ict Person)	(Area Coo	de) (Day	etime Telephone Number)
	or the following amou a bank located in the		s proces	sed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fili and Certified C		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add				t Address:
New Filing S				Filing Section
Division of C P.O. Box 632				ion of Corporations Centre of Tallahassee
Tallahassee, I				N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: New Filing Section

### **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

(Enter Name of Other Business Entity)	<u> </u>
The "Other Business Entity" is a	
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, com	mon law or business trust, etc.)
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity,	the many of the annual of
02/14/2020	the name of the country)
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached A	rticles of Organization:
BONETTI'S TILE& PAINT LLC	
(Enter Name of Florida Limited Liability Company)	<del></del> '
01/18/2023 If not effective on the date of filing, enter the effective date: The effective date: Cannot be prior to date of receipt or filed date nor more than	 i 90 calendar days after
the date this document is filed by the Florida Department of State.)  Sote: If the date inserted in this block does not meet the applicable statutory filing requirements, this election date on the Department of State's records.	date will not be listed as the
5. The plan of conversion has been approved in accordance with all applicable statutes	s.
<ol> <li>The "Converted or Other Business Entity" has agreed to pay any members having appr which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.</li> </ol>	aisal rights the amount to
	2023 FE

Signed this 18 day of JANUARY 20 23	
Signature of Authorized Representative of Limited Liability Company:	
Signature of Authorized Representative: Amthorized Representative: Printed Name: ALESSANDRO BONETTI Title: WHERE X Members	χę
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]	
Signature: Artsonato Bonatti X Title: Member	X
Signature:	
Signature: Printed Name:	_
Signature: Printed Name:	_
Signature: Printed Name: Title:	<u> </u>
Signature: 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.	

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees:

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

2023 FEB 22 PM 3: 46

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company	vis:			
- , -				
BONETTI'S TILE & PAINT LLC				
(Must contain the words "Limited Li:	ability Company, "L.L.C.," or "ELC.")			
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limit	ed Liability C	ompan	y is:
Principal Office Address:	Mailing Address:			
4635 BAYSHORE DR APT P11	4635 BAYSHORE DR AP	T P11		
NAPLES FL 34112	NAPLES FL 34112			
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)				
The name and the Florida street address of t	he registered agent are:			
ALESSANDRO BONETTI	<u> </u>			
N	ame			
4635 BAYSHORE DR AP	T P11			
Florida street address (	P.O. Box <u>NOT</u> acceptable)			
NAPLES	FL 34112			
City	Zip			
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple accept the obligations of my position at Registered Agent's Specietary Agent Agent's Specietary Agent's Agent's Agent's Specietary Agent's Agent's Agent's Agent's Agent's Agent's Agent'	ed in this certificate. Thereby ac pacity. I further agree to comp ete performance of my duties, a s registered agent as provided f	cept the appo ply with the pr and I am famil	intmen ovision iar with	t as s of all h and
Registered Agent's	Signature (Ki:QO:KIA7)			
(CON)	finued)	ALL APACSE	2023 FEB 22 F	- - - - -
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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	ALESSANDRO BONETTI
AMBR	4635 BAYSHORE DR APT P11
	NAPLES FL 34112
	10.11.12
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	<del></del>
	<b>D</b> .
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(Use attachment if necessary)	· · · · · · · · · · · · · · · · · · ·
LE V: Other provisions, if any.	
27 TO COLOR PROVISION IN MANY.	
REQUIRED SIGNATURE:	,
REQUIRED SIGNATURE:	·
Amit	
Signature of a member or: This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am ay
Signature of a member or a This document is executed in accordance any false information submitted in a docur	an authorized representative of a member
Signature of a member or a This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am ay nent to the Department of State constitutes a third degr
Signature of a member or a This document is executed in accordance any false information submitted in a docum as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am ay nent to the Department of State constitutes a third degr
Signature of a member or a This document is executed in accordance any false information submitted in a docum as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am ay

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)