L23000254101

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:
WZ300063506

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 2, 2023

STEPHANIE GUGLIELMO 2925 NW 116 TERRACE CORAL SPRINGS, FL 33065 US

SUBJECT: AFFORDABLE SPRAY FOAM, LLC

Ref. Number: W23000063506

2023 MAY 22 PH 12: 16

We have received your document for AFFORDABLE SPRAY FOAM, 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):

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

Most financial institutions require the name(s) and address(es) of persons authorized to manage the limited liability company be listed on our records in order for the business entity to open a bank account. Youmay wish to revise your document to include the name, address, and titleof such persons. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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: 523A00009779

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Affordable Spray Foam, 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:
Stephanie Guglielmo (Contact Person) Affordable Spray Foarn, LLC (Firm/Company) 2935 NW 116 Terrace (Address) Coral Springs Ft 33065 (City, State and Zip Code) 5t. Guglielmo a gmail com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Stephanie Ciuglielmo at 985 722.5562 (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)
S150.00 Filing Fees (\$25 for Conversion & S125 for Articles of Organization) S150.00 Filing Fees S180.00 Filing Fees S180.00 Filing Fees S185.00 Filing Fees Certified Copy Certified Copy Certificate of Status Certificate of Status
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, 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:
Affordable Spray Foam, LLC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Corporation</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Louisiana
(Enter state, or if a non-U.S. entity, the name of the country)
on $\frac{4/1/2015}{\text{(date of organization, formation or incorporation)}}$
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Affordable Spray Foam, LLC (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:
(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 H day of April	_20_ <i>23</i>		
Signature of Authorized Representative of Limi	ted Liability Company:		
Signature of Authorized Representative: Printed Name: <u>Stephanie Gughelmo</u>	Title: Owner	7	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]	7	
Signature: Stephanie Grafielme	O Title: <u>Owner</u>	7	
Signature:Printed Name:		3	
Signature:Printed Name:	Title		
Signature:Printed Name:	Title		
Signature:Printed Name:	Title:		
Signature:Printed Name:	Title:	23 SEI	_
		APR APR	~
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Control of Chairman, Vice Chairman, Vi	Officer.	製工	1
if Directors or Officers have not been selected, an Inc		المدايلة وحد المدايلة محد المدايلة	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:	23 APR 11 PHID: 03	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	••	
All others: Signature of an authorized person.			
Fces:			
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 - Nar The name of the Li	ne: mited Liability Company is:				
Affor	dable Spray ust contain the words "Limited Liability	Foar	, LLC.		
(Mu	st contain the words "Limited Liabilit	y Company,	"L.L.C.," or "LLC."))	
ARTICLE II - Ad The mailing addres	dress: s and street address of the pr	rincipal of	fice of the Limi	ited Liability Compa	ny is:
Principal Office A	ddress:	Mailing	g Address:		
2925 NW COIQ Spri	116 Tellace 195, FL 33065	Z/ Cor	25 NW 110 al springs	6 Terrace 6 FL 33065	
(The Limited Liability Co	egistered Agent, Registered ompany cannot serve as its own Regist active Florida registration.)	l Office, dered Agent,	& Registered A	gent's Signature: an individual or another	
The name and the I	Florida street address of the r	egistered	agent are:	TA 65 2	
	Stephanie G	•	ŭ	23 APR 11 FM 10: 03 SECRETARIAS EN PARIS ALL AHASSEEN PARIS	
	Name	;		7.55 	(****
	_2925 NW 116	Ter	race	Maria Ti	
	Florida street address (P.O			= = = = = = = = = = = = = = = = = = = =	(
	Coral Spring City	S FL	33065	2.5. 1.5. 1.0.3	
	City		Zip	ŕ	
liability compo registered agent c statutes relating	ned as registered agent and to any at the place designated in and agree to act in this capac g to the proper and complete p ligations of my position as reg	this certij ity. I furth performan	ficute, I hereby a ter agree to com ce of my duties,	uccept the appointment ply with the provision and I am familiar wit	nt as ns of al th and

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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 MGR	Stephanie Guglielmo 2925 NW 110 Terrace Coral Springs FL 33065
(Use attachment if necessary)	23 SE TAL
ARTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	Fhill da

Signature of a member or an authorized representative of a member

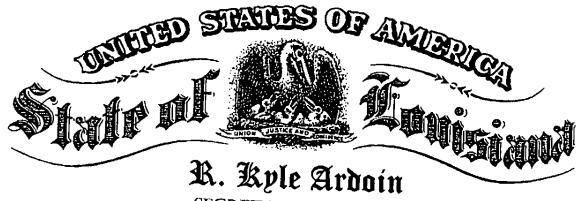
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Stephanie Guglielmo

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)



SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

an application to change Jurisdiction of Organization from LOUISIANA to FLORIDA of

AFFORDABLE SPRAY FOAM, LLC

Domiciled at METAIRIE, LOUISIANA,

Was filed and recorded in this Office on January 31, 2023.

And the limited liability company has taken all action required under the laws of LOUISIANA to change its Jurisdiction of Organization to FLORIDA.

in testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

February 2, 2023

L Take 1802. Suretary of State



Certificate ID: 11682476#RWM73

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

SECRETARY OF STATE

As Secretary of States of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

AFFORDABLE SPRAY FOAM, LLC

have been reinstated and the revocation of February 15, 2019 is set aside and said Articles of Organization are reinstated as of January 31, 2023.

in testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Balon Rouge on,

February 2, 2023

L Tafe No.
Secretary of State

JAS 41689095



Certificate ID: 11682472#RKH62

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov