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| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
| W23000073205 | | |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 22, 2023

JAMES J LAWRICELLS 8 MIRACLE STRIP LOOP #60 PANAMA CITY BEACH, FL 32407 US

SUBJECT: BRUSH STROKES PAINTING INC Ref. Number: W23000073205

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

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 623A00011625

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SECRETARY OF STATE

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www.sunbiz.org

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

COVER LETTER

New Filing Section TO: **Division of Corporations** Brush Strakes Panting In C (Name of Resulting Florida Limiter Company) SUBJECT:

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:

J Lawricell 1 (Contact Person) Strotes Parati (Firm/Company) Strip LUDP 1 City Black FL 32 407 (Oty, State and Zip Code) 6 brush Strokespainting . net

For further information concerning this matter, please call:

 $\frac{J_{Gne}}{(Name of Contact Person)} \xrightarrow{\text{at}} (\frac{950}{(Area Code)}) \xrightarrow{691-9191} (1)$

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 & \$125 for Articles of Organization)

S155.00 Filing Fees and Certificate of Status S180.00 Filing Fees and Certified Copy □\$185.00 Filing Fees, Certified Copy, and 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 & Tallahassee, FL 32303



<u>Articles of Conversion</u> For <u>"Other Business Entity"</u> Into <u>Florida Limited Liability Company</u>

.

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: <u>Brush: Strutes Paint: ng</u> (Enter Name of Oper 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.) |
| E A A A A A A A A A A A A A A A A A A A |
| First organized, formed or incorporated under the laws of \underline{FL} (Enter state, or if a non-U.S. entity, the name of the country) |
| on <u><u><u></u><u><u></u><u><u></u><u></u><u><u></u><u></u><u></u><u><u></u><u></u><u></u><u><u></u><u></u><u></u><u></u><u></u><u></u></u></u></u></u></u></u></u> |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| Brush Strottes Panting 1/C (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: <u>5-3-262-3</u> (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.) <u>Note:</u> 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.

JUL -5 LAHASSEE. PM 1:02

| Signed this <u>M</u> day of <u></u> | 20 | |
|---|--|----------|
| Signature of Authorized Representative of Limit | | |
| Signature of Authorized Representative: | | |
| Signature(s) on behalf of Other Business Entity: [8 | See below for required signature(s)} | |
| Signature: Printed Name: Kan of Statur. Cella | Title: | |
| Signature: Printed Name: | _ Title: | |
| Signature: Printed Name: | _ 1`itle: | |
| Signature: Printed Name: | _ Title: | |
| Signature: Printed Name: | Title: | |
| Signature: Printed Name: | | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or O If Directors or Officers have not been selected, an Inc If Florida General Partnership or Limited Liability | corporator must sign. | |
| Signature of one General Partner. If Florida Limited Partnership or Limited Liabilit | y Limited Partnership: | |
| Signatures of <u>ALL</u> General Partners. | | |
| All others: Signature of an authorized person. | | |
| Fees: | | |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) | TALLAHAS |

2023 JUL -S PH 1: 02 SECRETARY OF STATE TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Brush Strokes 1994 (Must contain the words "Limited Liability Company, "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:

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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:

Ane JEnie com Name <u>8 Miracle Strip / op</u> #0 Florida street address (P.O. Box <u>NOT</u> acceptable) Panamacin Beach FL 32907 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. Thereby 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) | SEC | 2023 | |
|---|------------------|--------|--|
| | RETAR) ALLANA | JUL -5 | |
| (CONTINUED) | SSEE. | i Md | |
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ARTICLE IV-

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

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| <u>Title:</u> | <u>Name and Address:</u> |
|--|--|
| "AMBR" = Authorized Member "MGR" = Manager | |
| <u>MGR</u> - Manager | Three J Caryr. Culling |
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| (Use attachment if necessary) | |
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| ARTICLE V: Other provisions, if any. | |
| | |
| REQUIRED SIGNATURE: | |
| | |
| | an an authorized representative of a member |
| This do a posted in accord | or an authorized representative of a member ance with section 605.0203 (1) (b). Florida Statutes. I am aware that locument to the Department of State constitutes a third degree felony |
| | AND COUL |
| | Typed or printed name of signee |
| | Filing Fees les of Organization and Designation of Registered Seent tional) \$ 5.00 Certificate of Status (Optional) |
| \$125.00 Filing Fee for Articl \$-30.00 Certified Copy (Opt | tional) \$ 5.00 Certificate of Status (Optional) |
| 3 30.00 Certified Copy (Opt | |
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