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





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### COVER LETTER

TO:	New Filing S Division of C						
		·	ПС				
SUBJI	ECT: Tubber	HOME IMPROVEMENT (Name of Res	sulting Florida !	Limited Co	ompany)		
The en Busine	elosed Article ess Entity" into	s of Conversion, Artic	les of Organ	ization, a	and fees are submitted to co accordance with s. 605.104	nvert an ''t 5, F.S.	Other
Please	return all corre	espondence concernin	g this matter	to:			
ALDO I	RODAS						
		(Contact Person)		<del></del>			
ALDOS	S HOME IMPRO	<del>.</del>		<del></del>			
		(Fum'Company)					
5126 M	IAINE STREET			<del></del>			
		(Address)					
LAKE V	WORTH, FL 334						
		'ity, State and Zip Code)					
	TISERVICE1@						
1· -m:	ad Address, (to b	e used for future annual re	port notification	15)			
For fur	ther informatic	on concerning this ma	tter, please c	all:			
ALDO i	RODAS		_at ( 561	,255	-0685		
	(Name of Coma	et Person)	(Area C	oder (Dr	iytime Telephone Number)		
dollars <b>国</b> 8150	and drawn on ,00 Filing Fees	a bank located in the	United States □\$180.00 Fi	i) iling Fees	ssed by this office must be particled S185.00 Filing Fees. Certified Copy, and	payable in	US
& 8125	for Articles	Status			Certificate of Status		
ot Organ	Mailing Addr New Filing Sc Division of Co P.O. Box 6321 Tallabusses F	ection orporations 7		New Divi: The (	et Address: Filing Section sion of Corporations Centre of Tallahassee [N. Monroe Street, State 8]	JALI JA (SÉ)	2028 APR 18 1

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

ALDOS PAINTING INC (Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a (Enter entity type - Example: corporation, limited partnership, general partnership, common law or business trust	
(finter entity type: Example: corporation, limited partnership, general partnership, common law or business trust	etc.)
First organized, formed or incorporated under the laws of	
(Enter state, or it a non-U.S. entity, the name of the country)	
09/03/2015 00	
on	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organizati ALDOS HOME IMPROVEMENT LLC	m:
(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 a 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 a document's effective date on the Department of State's records.	

- 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.

Signo	d this <u>05</u>	day of <u>05</u>	20.2.3
Signa	ture of Autho	rized Representative of L	mited Liability Company:
Signa Printe	ture of Author d Name, ALDO	ized Representative: - 12 RODAS	Tide: MGR
Signa	ture(s) on beh	alf of Other Business Entity	See below for required signature(s)
Signal	ure <u>. herz</u>		Title: PRESIDENT
Printe	d Name: ALDO	RODAS	Title: PRESIDENT
Signat Printe	aire:d Name:		Title:
Signat Printe	aned Name:		Title:
Signat Printe	ure. d Name:		Title:
Signat Printe	ure: d Name:		Title:
Signat Printed	me: d Name:		Title:
Signat		ion: m, Vice Chairman, Director, rs have not been selected, an	
	r <mark>ida General I</mark> are of one Gen	Partnership or Limited Lial eral Partner.	pility Partnership:
		arthership or Limited Liab eneral Partners.	ility Limited Partnership:
<u>All oth</u> Signat	h <u>ers:</u> ure of an autho	rized person.	
Fe <u>es:</u>			
	Articles of C Fees for Flor Certified Cop Certificate of	ida Articles of Organization 29.	\$25.00 ; \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lin	bility Company	is:		
ALDOS HOME IMPROVEMEN (Musi comum the		ulity Company, "L. I. C. " or "LEC.")		
ARTICLE II - Address: The mailing address and stre	et address of the	principal office of the Limited	Liability Con	npany is:
Principal Office Address:		Mailing Address:		
5126 MAINE ST LAKE WORTH FL. 33461		5126 MAINE ST LAKE WORTH, FL. 33461		
The Lauried Lab at, Company game business conty with an active Florida The nature and the Florida stre	it serve as its own Re registration ) ret address of th	red Office, & Registered Agen gistered Agent. You must designate in ind e-registered agent are:	t's Signature ividual or another	::
ALDO RO		me		
5126 MAII				
· · · · · · · · · · · · · · · · · · ·		.O. Box <u>NOT</u> acceptable)		
LAKE WO	RTH	<sub>E]</sub> 33461		
	City	Zip		
hability company at the progistered agent and agree is statutes relating to the pro- accept the obligations of a left the control of the pro-	olace designated to act in this cap per and complet my position as a	I to accept service of process for I in this certificate. I hereby acceptacity. I further agree to comply be performance of my duties, and registered agent as provided for gnature (REQUIRED)	ot the appoints with the provi, I am familiar	ment as sions of all with and 5, F.S
			<u>-</u>	2023

(CONTINUED)

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

Title:	<del></del>		
"AMBR" = Authorized Member "MGR" = Manager			
MGR - Manager MGR	ALDO RODAS		
THOIR	5126 MAINE ST		
	LAKE WORTH, FL. 33461		
	<u> </u>		
· <del></del>			
		•	
	<del> </del>		
		-	
(Use attachment if necessary)			
•			
•			
LE V: Other provisions, if any.			
•			
REQUIRED SIGNATURE:  * Add Hod.  Signature of a member of This document is executed in accordance.	r an authorized representative of ce with section 605,0203 (1) (b), Florida St nument to the Department of State constitut	atutes. I am es a third de	aware gree fe
REQUIRED SIGNATURE:  ** Address of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	ee with section 605,0203 (1) (b), Florida St	atutes. I am es a third de	aware gree fe
REQUIRED SIGNATURE:  ***X A CONTROL OF This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S.  ALDO RODAS	ce with section 605,0203 (1) (b), Florida St nument to the Department of State constituti	atutes. I am es a third de	aware egree fe 2023
REQUIRED SIGNATURE:  ***X A CONTROL OF This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S.  ALDO RODAS	ee with section 605.0203 (1) (b), Florida State constitution to the Department of State constitution by the Printed name of signee	atutes. I am es a third de	aware gree fe
REQUIRED SIGNATURE:  **X A Cool Signature of a member of This document is executed in accordance any false information submitted in a doce as provided for in s.817.155, F.S.  ALDO RODAS  T	ce with section 605,0203 (1) (b), Florida St nument to the Department of State constitution (speed or printed name of signee)	atutes. I am es a third de	aware gree for 2023 NPR
REQUIRED SIGNATURE:  ***X ACCOUNTY SIGNATURE:  **X ACCOUNTY SIGNAT	yped or printed name of signee  Filing Fees  of Organization and Designation	atutes. I am es a third de  [A]  of Regist	aware aware agree for 2023 FR
REQUIRED SIGNATURE:  ***X A COMMENTAL SIGNATURE:  ***Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.  ALDO RODAS  T	yped or printed name of signee  Filing Fees  of Organization and Designation	atutes. I am es a third de  [A]  of Regist	aware agree for 2023 IPR - EE
REQUIRED SIGNATURE:  ***X A COOK  Signature of a member of This document is executed in accordance any false information submitted in a doce as provided for in s.817.155, F.S.  ALDO RODAS  T  \$125.00 Filing Fee for Articles	yped or printed name of signee  Filing Fees  of Organization and Designation	atutes. I am es a third de  [A]  of Regist	aware agree for 2023 IPA