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(Re	equestor's Name)	····
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: New Filing Sec Division of Cor						
SUBJECT: VICTOR T	ILE LLC					
30b/iC1	(Name of Res	ulting Florida Lim	ited Con	npany)		
				d fees are submitted to corecordance with s. 605.104		Other
Please return all corres	pondence concerning	g this matter to:				
VIC	TOR M. GARCIA					
_	(Contact Person)					
VIC	CTOR TILE INC.					
	(Firm/Company)		_			
7917	SHALIMAR ST					
	(Address)					
MIRAM	AR, FL 33023					
(Cil	tv, State and Zip Code)		-			
·	A1007@GMAIL.COM					
E-mail Address: (to be	used for future annual re	port notifications)	_			
For further information		ttor mlagga galli				
	-	•		2540		
VICTOR M. GARCIA		_at (_)_204-6			
(Name of Contact	Person)	(Area Code	e) (Day	rtime Telephone Number)		
Enclosed is a check for dollars and drawn on a			process	sed by this office must be p	payable ii	n US
(\$25 for Conversion	■\$155.00 Filing Fees and Certificate of Status	□\$180,00 Filin and Certified Co		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
Mailing Addre	ess:		Stree	t Address:	. <u>:</u>	2028
New Filing Sec	ction		New	Filing Section	_	<u>(/.</u>
Division of Co	•			ion of Corporations		٠,
P.O. Box 6327 Tallahassee, FI				Centre of Tallahassee N. Monroe Street, Suite 8	10	6
rananassee, ra				hassee, FL 32303		<u> </u>
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						(J)

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: VICTOR TILE INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
11/12/2019 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
VICTOR TILE LLC
(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.)
<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.

Signed this 1ST day of SEPTEMBER	_ 20_23
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	HIL
Printed Name: VICTOR M. GARCIA	Title: PRESIDENT
Titilled Name. VIOTOTOM. GARCON	Tide. The Theoret
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature: X HOUS	
Printed Name: VICTOR M. GARCIA	Title: PRESIDENT
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In-	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
Constitute of the auto-officer polices.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:				
The name of the Limited Liability	Company is:			
,	VICTOR TILE L	ıc		
(Must contain the words			"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street add	ress of the pri	ncipal of	fice of the Limit	ed Liability Company is:
Principal Office Address:		<u>Mailin</u>	g Address:	
7917 SHALIMAR ST			HALIMAR ST	
MIRAMAR, FL 33023		MIRAM	AR, FL 33023	
				
ARTICLE III - Registered Agen (The Limited Liability Company cannot serve business entity with an active Florida registre	as its own Registe			
The name and the Florida street ad	dress of the re	gistered	agent are:	
VICT	OR M. GARCIA	\		
	Name		_	
79 ⁻	17 SHALIMAR S	ST		
			OT acceptable)	
MIRAM	IAR	FL	33023	
	City		Zip	
Having been named as registered liability company at the place registered agent and agree to act statutes relating to the proper a accept the obligations of my p	designated in in this capaci and complete p	this cert ty. I furt erformat	ficate, I hereby on ther agree to com noe of my duties,	occept the appointment as ply with the provisions of all and I am familiar with and
+ 1/20	M.	=		2028 SE
Registered	Agent's Signa	ature (R.	EQUIRED)	- 1 - C
		1828.		b Air
	(CONTINU	JED)		<u> </u>

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AR	114		. H.	,	v	_

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

WICTOR M. GARCIA 7917 SHALIMAR ST MIRAMAR, FL, 33023 Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE: + Wictor an authorized representative of a member This document is executed in accordance with section (05.0203 (1) (b). Florida Statutes. I am awar any false information submitted in a document to the Department of State constitutes a third degree as provided for in s.817.155, F.S. VICTOR M. GARCIA Typed or printed name of signee Filing Fees S125.00 Filing Fee for Articles of Organization and Designation of Registered S 30.00 Certificate of Status (Optional) S 5.00 Certificate of Status (Optional)	MGR VICTO	SHALIMAR ST
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