L24000 221886

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Wa49000 61620
Office Use Only



600427389346

04/08/24--01029--024 **150.00







April 18, 2024

CHARLES PORTER 4730 DOLPHIN DR LAKE WORTH, FL 33463 US

SUBJECT: CHARLIES CARPET SERVICE

Ref. Number: W24000061620

We have received your document for CHARLIES CARPET SERVICES and check(s) totaling \$150.00. However, the enclosed document has not been and is being returned to you for the following reason(s):

The Certificate of Conversion must state the date on which, and the jurisdiction in which, the other business entity was first organized and, if changed, its jurisdiction immediately prior to the conversion.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. 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.

Tekayla T Matthews Regulatory Specialist II

Letter Number: 424A00008475

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: CHARCIES CARRET SERVICE INC (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:
CHARLES PORTER (Contact Person)
CHARLIES CARPET SERVICE INC (Firm/Company)
4730 DOLPHIN DR (Address)
LAKE WORTH FL. 33463 (City, State and Zip Code) LHARLIE 5828 @ ATT, NET
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person) at (561) 385-9914 (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)
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\begin{array}{cccccccccccccccccccccccccccccccccccc
Mailing Address:Street Address:New Filing SectionNew Filing Section

Division of Corporations
The Centre of Tallahassee

Tallahassec, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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.

Signed thisday of	20 24
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative: Printed Name: LHARCES PORTER	Title: PRESIDENT
Signature(s) on behalf of Other Business Entity: [S	See below for required signature(s)]
Signature:	Title:
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 Officers have not been selected, an Inc.	Officer. orporator must sign.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CHARLIES CARPET SERVICE L, L, C, (Must contain the words "Limited Liability Company. "L.L.C.," or "LLC.")

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
47 30 DOLPHIN DR LAKE WOPTH FL 33463	4730 DOLPHIN DR LAKE WORTH FL 33463
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature:
The name and the Florida street address of the r	<u>m-< </u>
LHARLES	PORTER TO
Name	
4730 DOL	PHIN DR
Florida street address (P.O	Box NOT acceptable)
LAKE WORT	14FL 33463 Zip
City	Ζίγ

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. I hereby 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)

(CONTINUED)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager M.G. R. MANAGER	LAKE WORTH FL 33
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
•	
	/, D
LE V: Other provisions, if any.	
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felo
Signature of a member or a This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felo
Signature of a member or a This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware th

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

ARTICLE IV-

Company: