L24000272881

(Requestor's Name)	
(Address)	
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	_
(Address)	
(City/State/Zip/Phone #)	
_	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer	1
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L 04/17/24	-

Office Use Only



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W24000051747

4/1/24





April 1, 2024

SHABI, SHMUEL 2851 NE 183RD STREET APT 601-E ANVENTURA, FL 33160 US

SUBJECT: S & M PAINTING SERVICES USA INC

Ref. Number: W24000051747

We have received your document for S & M PAINTING SERVICES USA INC and check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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 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.

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.

Tabitha J Howell
Regulatory Specialist II

Letter Number: 424A00006921

COVER LETTER

TO: New Filing Se Division of Co				
	INTING SERVICES US	A LLC		
SUBJECT:	(Name of Res		a Limited	ed Company)
				on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all corre	spondence concernin	g this matte	er to:	
SHABI, SHMUEL				
	(Contact Person)	-		
S & M PAINTING SERV	/ICES USA INC			
	(Firm/Company)			
2851 NE 183RD STREE	ET APT 601-E			
	(Address)			
AVENTURA, FL 33160				
	ity. State and Zip Code)			
sam_shabi007@hotmai				
	used for future annual re	port notificat	ions)	
For further information	n concerning this ma	•		
SHMUEL SHABI		_at ((305));	205-1506
(Name of Contac	t Person)	(Area	(Code)	(Daytime Telephone Number)
Enclosed is a check for dollars and drawn on				rocessed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 and Certifi		
Mailing Addr	ess:		<u>s</u>	Street Address:
New Filing Se	ction			New Filing Section
Division of Co	•			Division of Corporations
P.O. Box 6327	1		L	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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:

S & M PAINTING SERVICES USA INC

(Enter Name of Other Busine	ss Entity)	
2. The "Other Business Entity" is a CORPORATION (Enter entity type. Example: corporation, limited pages.	artnership, general par	tnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of		
01/10/2017	Enter state, or if a not	i-U.S. entity, the name of the country)
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:
S & M PAINTING SERVICES USA LLC		•
(Enter Name of Florida Limited Liabi	lity Company)	
4. If not effective on the date of filing, enter the effective		
(The effective date: Cannot be prior to date of receip the date this document is filed by the Florida Depart Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	ment of State.)	
5. The plan of conversion has been approved in accorda	nce with all applic	able statutes.
6. The "Converted or Other Business Entity" has agreed to	nav anv 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 04	day of MARCH 2024	20 2_Y
Signature of Author	orized Representative of Li	mited Liability Company:
Oignature of Autho	Tree Representative of El	miteu Liabinty Company.
Signature of Author	ized Representative:	
	JEL SHABI	
Signature(s) on beh	alf of Other Business Entity	: [See below for required signature(s)]
0.		
Signature:	mixt Glanta	Title: Manaott ·
Printed Name:	MINGET SHOW	Title: Mariaber:
Signature:		_
Printed Name:		Title:
t mited (value		ride
Signature:		
Printed Name:		Title:
Cimatura		
Drinted Mamas		Title:
rinited Name		title:
Signature:		
Printed Name:		Title:
Signature:	····	
Printed Name:		Title:
If Florida Corporat		
	an, Vice Chairman, Director,	
If Directors or Office	ers have not been selected, an	Incorporator must sign.
If Florida Consess	Dougnoughin on Timis-3 Ti-5	ilian Danta and in
ii riorida General I	Partnership or Limited Liab	mmy rarmersoip:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.

<u>All others:</u> Signature of an authorized person.

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 I - Name: The name of the Limited Liability Company is:	
S & M PAINTING SERVICES USA LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2851 NE 183RD STREET APT 601-E	2851 NE 183RD STREET APT 601-E
AVENTURA, FL 33160	AVENTURA, FL 33160
	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
SHMUEL SHABI	
Name	
2851 NE 183RD STREET APT	601-E
Florida street address (P.O.	
AVENTURA	DI 33160
City	FL 33700 Zip
City	Σip
liability company at the place designated in registered agent and agree to act in this dapaci statutes relating to the proper and complete p	

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	CHANGE CHASE
MGR	SHMUEL SHABI
	2851 NE 183RD STREET APT 601-E
,	AVENTURA, FL 33160
	
	
	<u></u>
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
LE V: Other provisions, if any.	<u></u>
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	
CLE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member or a	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance of	with section 605.0203 (1) (b), Florida Statutes. I am aware t
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance of any false information submitted in a document is a document in a	with section 605.0203 (1) (b), Florida Statutes. I am aware t
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance of any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware t
Signature of a member or a This document is executed in accordance of any false information submitted in a document as provided for in s.817.155, F.S. SHMUEL SHABI	with section 605.0203 (1)(b), Florida Statutes. I am aware the department of State constitutes a third degree fellows.
Signature of a member or a This document is executed in accordance of any false information submitted in a document as provided for in s.817.155, F.S. SHMUEL SHABI	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the department of State constitutes a third degree fellowed 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)