# L24000345387

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Ud. 31: 24--0101 --002 \*\* (1 . . .





## Articles of Conversion For

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#### "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.

NOW WINDOWS CORP (Enter Name of Other	her Business Entity)
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation,	limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the	he laws of
FILED: 05/26/2022 EFFECTIVE: 05/26/2022	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Co	ompany as set forth in the attached Articles of Organization:
NOW WINDOWS LLC	<u>.</u> ,
(Enter Name of Florida Lim	nited Liability Company)
4. If not effective on the date of filing, enter the	e effective date:
(The effective date: Cannot be prior to date of the date this document is filed by the Florida	of receipt or filed date nor more than 90 calendar days after a Department of State.) applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approved in	accordance with all applicable statutes.
	agreed to pay any members having appraisal rights the amount to 5.1006 and 605.1061-605.1072. F.S.
6. The "Converted or Other Business Entity" has a which such members are entitled under ss. 605	5.1006 and 605.1061-605.1072, F.S.
	5.1006 and 605.1061-605.1072, F.S.
	5.1006 and 605.1061-605.1072, F.S.
	5.1006 and 605.1061-605.1072, F.S.

Signed this 31 day of MAY	20.24
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Danmantation	(b)
Signature of Authorized Representative: A Printed Name: ALAIN BRAVO	Title: MANAGER
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature:	
Printed Name: ALAIN BRAVO	Title: PRESIDENT
Signature:Printed Name:	Title
rimed ivalie.	
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	_ Title:
· ·	
Signature: Printed Name:	Title
Timed Name.	
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnershin:
Signature of one General Partner.	ty raithership.
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
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

<b>ARTICLE 1 - Name:</b> The name of the Limited Liability Company is:			
NOW WINDOWS LLC			
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LEC.")		<u> </u>
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited	l Liability	Company is:
Principal Office Address:	Mailing Address:		
1140 SW 96TH AVE	1140 SW 96TH AVE		
MIAMI, FL 33174	MIAMI, FL 33174		<u> </u>
business entity with an active Florida registration.)  The name and the Florida street address of the re  ALAIN BRAVO	egistered agent are:		
ALAIN BRAVO Name			
1140 SW 96TH AVE Florida street address (P.O.	Box NOT acceptable)		
MIAMI	FL <sup>33174</sup>		
City	Zip		
Ilaving been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacistatutes relating to the proper and complete paccept the obligations of my position as reg	this certificate, I hereby according to the thirther agree to comply berformance of my duties, and istered agent as provided for	ept the ap with the d d I am fan	pointment as provisions of all niliar with and
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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR — Manager	ALAIN BRAVO
	1140 SW 96TH AVE
	MIAMI FL 33174
	-
<del></del>	
(Use attachment if necessary)	
	<b>;</b>
LEV. Other previous of any	· · · · · · · · · · · · · · · · · · ·
<b>LE V:</b> Other provisions, if any.	
	1
<u>REQUIRED</u> SIGNATURE: //	
44	<i>'</i>
	/
Signature of a member or	an authorized representative of a member
This document is executed in accordance	with section 605,0203 (1) (b), Florida Statutes, I am aware
any false information submitted in a docu-	ment to the Department of State constitutes a third degree t
as provided for in s.817,155, F.S.	
as provided for in s.817.155, F.S.  ALAIN BRAVO- MANAGER	
ALAIN BRAVO- MANAGER	ped or printed name of signee