# L24000408537

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	:y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400436446954

09/17/24--01004--015 \*\*185.00

15.03

٠,

.

## **COVER LETTER**

то:	New Filing Se Division of C				
SHR	JECT: CL Interi	or Design. LLC			
300	m.c r	(Name of Res	ulting Florida Limit	ed Com	pany)
					I fees are submitted to convert an "Other cordance with s. 605,1045, F.S.
Pleas	e return all corr	espondence concerning	g this matter to:		
Doug	las Louro				
21.10		(Contact Person)			
CMS		(Firm/Company)			
2810	Scherer Dr. N - S	• •			
		(Address)	<u>.</u>		
St. P	etersburg, FL 337	716			
-	((	City, State and Zip Code)			
dlour	o@me.com				
E-	mail Address: (to b	e used for future annual re	port notifications)		
For f	urther informati	on concerning this ma	tter, please call:		
Crist	ina Louro		at ( 551	697-7	7608
	(Name of Conta	ict Person)		(Day	time Telephone Number)
		for the following amou a bank located in the		rocess	ed by this office must be payable in US
(\$25.6 & \$12	50.00 Filing Fees or Conversion 5 for Articles canization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add				Address:
	New Filing S				Filing Section
	<ul><li>Division of C</li><li>P.O. Box 632</li></ul>	•			on of Corporations entre of Tallahassee
	Tallahassee.				N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### **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.

CL Interior Design, LLC	·
(Enter Name of Other Bus	siness Entity)
2. The "Other Business Entity" is a Corporation	d partnership, general partnership, common law or business trust, etc.
(Enter entity type: Example: corporation, limited	d partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the law	os of
	(Enter state, or if a non-U.S. entity, the name of the country)
February 20, 2021	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Compar	ny as set forth in the attached Articles of Organization:
CL Interior Design, LLC	
(Enter Name of Florida Limited Li	ability Company)
4. If not effective on the date of filing, enter the effec	September 1, 2024
	eipt or filed date nor more than 90 calendar days after

- 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 30th day of August	_ 2024
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:  Printed Name: Cristina Louro	_ Lowner
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature:	Title: Owner
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Interesting of Chairman of Chairman, Director, or If Florida General Partnership or Limited Liability Signature of one General Partner.	corporator must sign.
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty 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

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

CL Interior Design, LLC			
(Must contain the	words "Limited Liability Company	"1 1 C " or "11 C")	

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:		
2810 Scherer Dr N	2810 Scherer Dr N		
STE 120	STE 120		
St. Petersburg, FL 33716	St. Petersburg, FL 33716		

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CMS Facilities Managemen	t Services, LLC
Nai	ne
2810 Scherer Dr N, STE 12	0
Florida street address (P.	O. Box NOT acceptable)
St. Petersburg	FL 33716
City	Zip

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)

4	RT	П	C1	1	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	
MGR	Cristina Louro
	2300 Beach Dr SE
	St. Petersburg. FL 33705
AMBR	Douglas Louro
	2300 Beach Dr SE
	St. Petersburg, FL 33705
(Use attachment if necessary)	
(Ose attachment if ficeessary)	
CLE V: Other provisions, if any.	
<del> </del>	
DECHIDEN SICNATURE.	
REQUIRED SIGNATURE:	
(1)	¥1 🗬
Signature of a member or	an authorized representative of a member
This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am aware th
any false information submitted in a doct	amont to the Donartmont of State conclitutes a third degree felo
*	ument to the Department of State constitutes a time degree ten
as provided for in s.817.155, F.S.	ament to the Department of State constitutes a time degree ten

Typed 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)