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COVER LETTER

| TO: New Filing Section Division of Corporations | | | |
|---|---|---|------------------------------------|
| SUBJECT: CHARLIE | E TILE LLC | | |
| | esulting Florida Limited Com | | - |
| The enclosed Articles of Conversion, Arti Business Entity" into a "Florida Limited I | _ | | |
| Please return all correspondence concerni | ng this matter to: | | |
| Charles Santangero (Contact-Person) | | | .s. 21 |
| (Firm/Company) | | | 124 SEI |
| 5582 SIX MILE COMME | ECIAL CT, APT | 110 | 23 [|
| FORT MYERS, FL (City, State and Zip Code) CHARLIETILE 123@GMAI | L.COM | | 2024 SEP 23 PH 4: 55 SEL REGESTATE |
| E-mail Address: (to be used for future annual r For further information concerning this m | • | | |
| Charles Santangelo (Name of Contact Person) | • | ime Telephone Number) | - |
| Enclosed is a check for the following amo dollars and drawn on a bank located in the | • | ed by this office must b | e payable in US |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | □\$180.00 Filing Fees and Certified Copy | ☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status | |
| Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 | New F Division The Co | Address: Filing Section on of Corporations entre of 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.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: CHAPLIE 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.) |
| First organized, formed or incorporated under the laws of FURIDA (Enter state, or if a non-U.S. entity, the name of the country) |
| on 7/20/2018 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| CHARLIE TILE LLC |
| CHAPLIE TILE LLC. (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: 9/15/2024. (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.) Note: 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. |
| 2024 SEP |

\$30.00 (Optional)

\$5.00 (Optional)

Certified Copy:

Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| CHARLIE TICE (Must contain the words "Limited | Liability Company, "L.L.C.," or "LI.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: |
| 5582 SIX MILE COMMERCIA <u>APT 110</u> FORT MYERS, FL 33912 | |
| (The Limited Liability Company cannot serve as its own | Stered Office, & Registered Agent's Signature: In Registered Agent. You must designate an individual or another If the registered agent are: SANTANGELO Name E COMMERCIAL CT, APT 100 St. (P.O. Box NOT acceptable) FL 33912 Zip and to accept service of process for the above stated limited atted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all |
| statutes relating to the proper and com | and to accept service of process for the above stated limited ated in this certificate. I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S |

(CONTINUED)

ARTICLE IV-

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

| <u>Title:</u> | Name and Address: | | |
|---|--|--|--|
| "AMBR" = Authorized Member | | | |
| "MGR" = Manager | | | |
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| (Use attachment if necessary) | Sign of the second seco | | |
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| RTICLE V: Other provisions, if any. | 4:56 | | |
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| REQUIRED SIGNATURE:- / | // | | |
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| V/- // // | | | |
| X | | | |
| | | | |
| Signature of a member or a | an authorized representative of a member | | |
| This document is executed in accordance v | with section 605.0203 (1) (b), Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felony | | |
| as provided for in s.817.155, F.S. | ient to the Department of State constitutes a tilita degree retory | | |
| as provided for in 3.017.123, (1.3. | | | |
| | | | |
| X Charles SAL | ntanopla | | |

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)