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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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ALLAHASSEE, FLORIOA

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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 Stantes

Statutes.			
The name of the "Other Business Entity" immediately prior to the filing of the Articles Coat of Many Colors Painting, LLC	of Conve	rsion is	s:
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a <u>Limited Liability Company</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common!	law or busin	iess trus	I, etc.)
First organized, formed or incorporated under the laws of North Dakota (Enter state, or if a non-U.S. entity, the no	ame of the c	ountry)	
on April 23, 2014			
(date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Company as set forth in the attached Article	es of Orga	anizati	on:
Coat of Many Colors Painting, LLC (Enter Name of Florida Limited Liability Company)			
(timet issue of Florida Enface islaning Company)			
4. If not effective on the date of filing, enter the effective date:			
The effective date: Cannot be prior to date of receipt or filed date nor more than 90 (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 with the date on the Department of State's records.		-	
5. The plan of conversion has been approved in accordance with all applicable statutes.			
 The "Converted or Other Business Entity" has agreed to pay any members having appraisal which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	_		
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Signed this 7 day of October 20 24 .
Signature of Authorized Representative of Limited Liability Company:
Signature of Authorized Representative: Authorized Representative: Title: Owner/ Operator
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature: Achae Lize
Signature: Title: Owner/ Operator Title: Owner/ Operator
Signature:
Signature: Title:
Signature:
Stangiller
Signature: Title:
Signature:
Signature: Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of <u>ALL</u> General Partners.
All others: Signature of an authorized person.

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees:

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is	d.					
Coat of Many Colors Painting, LLC						
(Must contain the words "Limited Liabili	ay Company	r. "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the p	orincipal c	office of the Limited	l Liability Company is:			
Principal Office Address:		Mailing Address:				
43; E. 10 Mile Rd. Pensacola, FL 32534	431 E. 10 Mile Rd. Pensacola, FL 32534					
ARTICLE III - Registered Agent, Registere (The Lumited Liability Company cannot serve as its own Registusmess entity with an active Florida registration.) The name and the Florida street address of the	stered Agent	. You must designate an ir				
Zachary Stisser Nam						
Nam	: C					
431 E. 10 Mile Rd.						
Florida street address (P.C). Box <u>N</u> 0	<u>OT</u> acceptable)				
Pensacola	FL	_32534				
City		Zip				
Having been named as registered agent and t liability company at the place designated is registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as re	n this cer city. I fur performa	ificate, I hereby accepted the agree to comply need of my duties, and	ept the appointment as with the provisions of all d I am familiar with and in Chapter 605, F.S.			
- Zuchung a	17.00		1024 S			
Registered Agent's Sig	nature (R	EQUIRED)	T ILLL 2024 SEP 13 PM 7:4 SCLERLEARY OF STATE ALLAHASSEE, FLORID			

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

'MGR" = Manager	Zachani Citaran 404 E. 40 Mila Dii Barranala El 400
MGR	Zachary Süsser 431 E. 10 Mile Rd. Pensacola, FL 32
	
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(Use attachment if necessary)	Ĭ.
	Sign
E V: Other provisions, if any.	m co m co
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SPANIEDEN SIZSKERDE.	₽
REQUIRED SIGNATURE:	
3-	yching Viere
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree to
Zachary Stisser	
Tv	ped or printed name of signee

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)