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(Requestor's Name)
(Address)
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(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiliess Entity Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: New Filing So Division of C							
SUBJECT: SFL C	ARPENTRY LLC (F	L DOC # M2500 sulting Florida Limite			_		
				d fees are submitted to ecordance with s. 605.		:"Oth	er
Please return all corre	espondence concernin	g this matter to:					
Filings Team							
	(Contact Person)						
Registered Agent	s Inc						
	(Firm/Company)				- 200 00	2025	
7901 4th St N ST	E 300				20	<u>S</u>	77
	(Address)				22	SEP -	enero e enero enero enero enero enero enero enero enero enero enero ener
St. Petersburg, F	L 33702				555 S	ယ်	1
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flfilings@register	edagentsinc.com				LS.	2:2	
E-mail Address: (to b	e used for future annual re	port notifications)			L ATE	23	
For further information	on concerning this ma	tter, please call:					
Filings Team		at (307	200	0-2803			
(Name of Conta	et Person)		(Day	time Telephone Number)	_		
	or the following amou a bank located in the		rocess	sed by this office must	be payable	in US	;
S \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing I and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
Mailing Add New Filing So Division of C P.O. Box 632	ection orporations	j	New I Divisi	Address: Filing Section on of Corporations fentre of Tallahassee			
Tallahassee, i				N. Monroe Street, Suit	te 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: SFL CARPENTRY LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of WY
(Enter state, or if a non-U.S. entity, the name of the country)
on 11/13/2023 (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
SFL CARPENTRY LLC
(Enter Name of Florida Limited Liability 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 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.



Signed this 28th day of August	20_25
Signature of Authorized Representative	of Limited Liability Company:
Signature of Authorized Representative:	<u>Alexandre Badimon Monge</u> Title: AMBR
	ntity: [See below for required signature(s)]
Signature. alexandre Badima	on Monge e Title: AMBR
Printed Name: Alexandre Badimon Mong	e Title: AMBR
Signature:	
Printed Name:	Title:
Signature:	Title:
Printed Name:	I itle:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	Title:
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Dire If Directors or Officers have not been selecte	
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00

\$125.00

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

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status:



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limite	d Liability Company i	s :			
SFL CARPENTR'	Y LLC	lity Company, "I	LC.," or "LLC.")		
ARTICLE II - Address an	ss:			d Liability Compan	y is:
Principal Office Addr	ess:	Mailing	Address:		
7901 4th St N STE St. Petersburg, FL 3		7901 4 St. Pe	th St N STE 30 tersburg, FL 33	0 702	
ARTICLE III - Regist (The Limited Liability Comparbusiness entity with an active) The name and the Flori	ry cannot serve as its own Reg Florida registration.)	istered Agent, Y	ou must designate an i	ent's Signature: Individual or another 2025 SEP	(32 - 17)
Re	egistered Agents Inc			TARN	(CONTROL OF THE CONTROL OF THE CONTR
	Nar	ne		3 PH SSSS	
79	001 4th St N STE 300	כ		ES ES	Ö
Flo	orida street address (P.	O. Box NO 1	acceptable)	2: 23 STATE E, Fl.	
St	. Petersburg,	FL	33702	, ,	
	City		Zip		
liability company registered agent and s statutes relating to t	as registered agent and at the place designated agree to act in this capa the proper and complete ions of my position as reacted. Registered Agent's Si	in this certificacity. I further performance registered age	cate, I hereby acc er agree to compl e of my duties, an ent as provided fo	rept the appointmen y with the provision ad I am familiar with	nt as ns of all h and

(CONTINUED)

ARTICLE IV-	Ā	R	TI	CI	LE	11	/-
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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			
AMBR	EVERSTONE LLC	<u></u>	
	7901 4th St N STE 300		
	St. Petersburg, FL 33702		
			
			
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(Use attachment if necessary)		-3 PH VRY OF 1	Ü .
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ARTICLE V: Other provisions, if any.		11.5 12.5	-
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DECHIDED CLCS ATUDE.			
<u>REQUIRED</u> SIGNATURE:			
P 1-	7		
	Jeney _		
	,		
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 Statu	ites. I am aware that	

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Robin Jones

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)