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ALLIANIASSEE, FLORIDA

MANAGEMENTO OF STATE
ALLIANIASSEE, FLORIDA

T. BURCH JUN 1 9 2017

COVER LETTER

10;	Division of Cor	porations				
SHRJI	ECT: GRISCO PR	OPERTIES INC				
усто.	bc1	Name of	Resulting Florid	a Profit (Corporation	
		e of Conversion, Articles Profit Corporation" in ac			es are submitted to convert an "Othe 5, F.S.	r Business
Please	return all corresp	ondence concerning this	matter to:			
ADRIA	ANA GRISALES					
		Contact Person		_		
GRISC	CO PROPERTIES I	INC				
_		Firm/Company		-		
16542	N DALE MABRY	HWY				
		Address		_		
TAME	PA FL 33618					
		City, State and Zip Code	;	_		
panam	pain1@verizon.net					
	E-mail address: (t	o be used for future annu	al report notific	ation)		
For fu	rther information	concerning this matter,	please call:			
FELIX	A DIEZ P		_at (871 18	316	
	Name of Co	ontact Person	Area (ode and	Daytime Telephone Number	
Enclos	sed is a check for	the following amount:				
= \$ 10	95.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filinand Certified C	_	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New F Divisi Clifton 2661 I	ET ADDRESS: Filings Section on of Corporation in Building Executive Center lassee, FL 32301			New F Division P. O. E	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314	

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 4, 2017

ADRIANA GRISALES 16542 N DALE MARBRY HWY TAMPA, FL 33617

SUBJECT: GRISCO PROPERTIES INC

Ref. Number: W17000019456

We have received your document for GRISCO PROPERTIES INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist III

Letter Number: 717A000064007

17 APR 17 PM 2:30





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FLORIDA DEPARTMENT OF STATE Division of Corporation REGISTRATE OF STATE Division OF STATE OF ST

April 20, 2017

ADRIANA GRISALES 16542 N DALE MARBRY HWY TAMPA, FL 33617

SUBJECT: GRISCO PROPERTIES INC

Ref. Number: W17000019456

We have received your document for GRISCO PROPERTIES INC and your check(s) totaling \$105.00. However, the enclosed document has not been tiled and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist III

Letter Number: 917A00007691



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 8, 2017

ADRIANA GRISALES 16542 N DALE MARBRY HWY TAMPA, FL 33617

SUBJECT: GRISCO PROPERTIES INC

Ref. Number: W17000019456

We have received your document for GRISCO PROPERTIES INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist III

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Letter Number: 917A00009026

7 JUN 16 PM 2: 15

Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conve	ersion is:		
GRISCO PROPERTIES LLC	ب مان ش	_	
Enter Name of Other Business Entity	F	7	
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY		91 NNF	ולב
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)		16 AH	FILED
first organized, formed or incorporated under the laws of FLORIDA	00.7	9: 09	⋾
(Enter state, or if a non-U.S. entity, the name of the country)	€ H	90	
03/21/2007 on	,, -		
Enter date "Other Business Entity" was first organized, formed or incorporated			
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:			
GRISCO PROPERTIES INC			
Enter Name of Florida Profit Corporation			
5. If not effective on the date of filing, enter the effective date: (The effective date: 1) correct he prior to reverse then 90 days of the date this decomposition.			
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Article if an effective date is listed therein.)	filed by thes of Incom	ie Flor rporat	rida tion,
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this listed as the document's effective date on the Department of State's records.	date will	not be	

	this day of March	, 20 (7			
Required Signature for Florida Profit Corporation:					
Incorpe	nre of Chairman, Vice Chairman, Director, Office orator: Name: DARIO GRISALES Title: PRESI		selected, an		
Requir	ed Signature(s) on behalf of Other Business 1	Entity: [See below for required signature(s)).]		
Signatı	DARIO GRISALES				
Printed	Name: DARIO GRISALES	Title:			
Signatı	ire:				
Printed	Name:	Title:			
Signatı	nre:				
Printed	Name:	Title:			
Signatı	are:				
Printed	Name:	Title:			
Signatı	re;				
Printed	Name:	Title:			
Signatu	re:				
Printed	Name:	Title:			
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.					
If Flor Signati	ida Limited Partnership or Limited Liability ares of ALL General Partners.	Limited Partnership:			
If Flor Signatu	ida Limited Liability Company: are of a Member or Authorized Representative.				
All oth Signatu	ers: are of an authorized person.				
Fees:	Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)			

Page 2 of 2

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: 6 n500 Pr	oper hes INC
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
16542 North Dole Haby Hwy. Tampa, FL 33618	Mailing address, if different is:
RTICLE III PURPOSE the purpose for which the corporation is organized is: 10 CON OUT UNY Jawful bus	siness purpose ex activity.
RTICLE IV SHARES the number of shares of stock is:	: 100
DESCRIPTION OF THE PROPERTY OF	Address: 5428 Jeffer Dark Dr.
ame and Title:	Name and Title: Address:
lame and Title:	Name and Title: Address.

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:			
Λ .			,
Name: Adriana Grisoles.			
Address: 16542 North Dole Hoby Hwy			
Tompa, FL 33618.			
ARTICLE VII INCORPORATOR	2.5	17	
The <u>name and address</u> of the Incorporator is:		MUL	
Name: Dovo A 6 psoles	E 22	<u>₹</u>	<u> </u>
Address: 5928 Jefferson Park Dr. Tampa, FL 33618		AM	
Tampa, FL 3 36/8	25	9	•
		9	
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Having been named as registered agent to accept service of process for the above stated corporation	n at the ,	place	designated in
this certificate, I am familiar with and accept the appointment as registered agent and agree to act i	n this ca	pacity	,
	コノフ		
Required Signature/Registered Agent Date)/ /-		
Required Signature Registered Agent Date			
I submit this docunfert and affirm that the facts stated herein are true. I am aware that any false	informa	tion s	ubmitted in a
document to the Department of State constitutes a third degree felony as provided for in s.817.155,			
3/27/17			
Required Signature/Incorporator D	ate		
l .			

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