# P19000081062

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
W19-87155-		

Office Use Only

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 24, 2019

MICHAEL AMONE 477 MOZART RD WEST PALM BEACH, FL 33411

SUBJECT: FINELINES CUSTOM PAINTING CORP

Ref. Number: W19000086155

We have received your document for FINELINES CUSTOM PAINTING CORP 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 Certificate of Conversion must contain the name of the limited liability company as set forth in the attached articles of organization.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

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.

Keyna E Page Regulatory Specialist II

Letter Number: 519A00019704

www.sunbiz.org

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#### **COVER LETTER**

TO:

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Charter Section

Division of Corporations
SUBJECT: Finelines Custom Painting Corp.
Name of Resulting Florida Profit Corporation 1
The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.
Please return all correspondence concerning this matter to:
Michael Amone Contact Person
Firm/Company
477 Mozart Rd Address
West Palm Beach, FC 33411 City, State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
M. Ke Amone at (561) 733-8199  Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$105.00 Filing Fees and Certificate of Status  \$\int \frac{1}{2}\$113.75 Filing Fees and Certified Copy and Certificate of Status  \$\int \frac{1}{2}\$113.75 Filing Fees and Certified Copy and Certificate of Status
STREET ADDRESS:MAILING ADDRESS:New Filings SectionNew Filings SectionDivision of CorporationsDivision of Corporations

P. O. Box 6327

Tallahassee, FL 32314

## 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 Conversion is:
Fire Ines Cytom Parting LCC (LIG-195623) Enter Name of Other Business Entry
Enter Name of Other Business Entity
2. The "Other Business Entity" is a Limited Lealisty Correctly  (Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
on 8/01/2019
Enter date "Other Business Entity" was first organized, formed or incorporated
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> Fine lines Custom facting Corporation  Enter Name of Florida Profit Corporation
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 5e 10, 3019.  (The effective date: Cannot be prior to nor more than 90 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.

Page 1 of 2

Signed this 10 day of September			
Required Signature for Florida Profit Corporation	<u>:</u>		
Signature of Chairman, Vice Chairman, Director, Office Incorporator:  Printed Name: Machael C. Arrow Title: Dwy	cer, or, if Directors or Officers have not bee	en selecte	d, an
Required Signature(s) on behalf of Other Business	Entity:  See below for required signature(s	s).]	
Signature: Wau			
Printed Name: Michael C. Accord	Title: AP	-	
Signature: Katherine K. arnone		-	
Signature: Katherine K. Arnone  Printed Name: Katherine K. Arnone	Title: AP	- -	
Signature:			
Printed Name:	Title:	_	
Signature:		-	
Printed Name:	Title:	-	
Signature:		-	
Printed Name:	Title:	-	
Signature:		-	
Printed Name:	Title:	-	
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:		
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:	<del>.</del>	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.			19 0CT 30
All others: Signature of an authorized person.		;;;	30 PH
Fees:		· i,	Ġ
Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	0.5	16

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

ICLE I NAME	it at a
name of the corporation shall be: Tine line	es Custom Parting Corps
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	•
	•
Principal street address	Mailing address, if different is:
477. Mozant Rd	•
West falm Beach fl 3,341	······································
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	
he purpose for which the corporation is organized is.	the state of the s
Perilential Clon	mercial Painting
	The state of the s
ARTICLE IV SHARES	
The number of shares of stock is: // U	
ARTICLE V INITIAL OFFICERS AND/OR DI	RECTORS
Name and Title: Michael & Apropre.	Name and Title:
Address: 477 Mozart Rd.	Address:
West Palm Beach Ft	334/1
Name and Title: Educate Granes V	Name and Title:
Address: 112 SW 24 Are	Address
Boynton Beach, Fl 3	3435
Name and Title:	Name and Title:

ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name: Michael C. Arnone	
Address: 477 Mozart Rd	
West lalm Bear H 33411	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Michael C. Arnone	
Address: 477 MOZONT Rd	
West Palm Beach R 334/1	
Having been named as registered agent to accept service of proces. His certificate, I am familiar with and accept the appointment as re	s for the above stated corporation at the place designated in egistered agent and agree to act in this capacity
14/02	09/10/19
Required Signature/Registered Agent	Date
submit this document and affirm that the facts stated herein are locument to the Department of State constitutes a third degree felo	true. I am aware that any false information submitted in a my as provided for in s.817.155, F.S.
14/a	09/10/19
Required Signature/Incorporator	Date