(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	<del></del>
(Cit	y/State/Zip/Phone	e #)
_		
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do:	cument Number)	
Certified Copies	Certificates	of Status
	-	
<u> </u>		· · · · · · · · · · · · · · · · · · ·
Special Instructions to R	Filing Officer;	ı
		j
<del></del>	<u> </u>	

Office Use Only

Wawo 129,509

gan 0 6 2021

T. SCOTT



500354372145

11/02/20--01038--014 \*\*105.00

2020 DEC 28 AM 8: 21
2020 DEC 28 AM 8: 21
5 ATT
5 ATT
60



### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 12, 2020

ANA C FALEIRO RAMOS 13720 OLD ST AUGUSTINE RD SUITE 8 #313 JACKSONVILLE, FL 32258

SUBJECT: MAC HOME EXTERIOR CORP.

Ref. Number: W20000129509

We have received your document for MAC HOME EXTERIOR 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 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.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 620A00022570

283 PH 3: 47

### **COVER LETTER**

TO: New Filing Sec Division of Cor		•		
SUBJECT:N	AC HOME	<b>EXTERIOF</b>	RLLC	
30b3EC1	Name of	Resulting Florida Pro	fit Corporation	
	f Conversion, Articles o ofit Corporation" in acc		ees are submitted to convert the following elicities as \$607.0202, F.S.	gible
Please return all corresp	oondence concerning this	s matter to:		
ANA C FAL	EIRO RAMO	OS		
	Contact Person			
MAC HOME	EXTERIOR	R LLC		
	Firm/Company			
13720 OLD ST AU	GUSTINE RD SUITE	E 8 # 313		
	Address			
JACKSONV	/ILLE, FL, 32	2258		
	City, State and Zip Code	<u> </u>		
	IOR@HOTM			
E-mail address: (t	o be used for future annu	ial report notification	)	
	concerning this matter,			
ANA RAMO	)S	_at (904)5	54-7174	
Name of Co	ontact Person	Area Code	and Daytime Telephone Number	
Enclosed is a check for	the following amount:			
■ \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fo and Certified Copy	es □\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Addr New Filing Se Division of Co P.O. Box 632	ection orporations	Ner Div	eet Address: v Filing Section ision of Corporations c Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

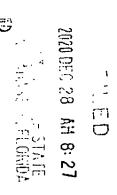
Tallahassee, FL 32303

Tallahassee, FL 32314

## Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

Enter Name of the Converting Entity	
2. The converting entity is a LIMITED LIABILITY COMPANY	
(Enter entity type. Example: limited liability company, limited partnersh general partnership, common law or business trust, etc.)	ip.
first organized, formed or incorporated under the laws of FLORIDA	
(Enter state, or if a non-U.S. entity, the name of the country)	_
on 05/26/2020	
	_ <del>'</del>
Enter date "Converting Entity" was first organized, formed or incorporate	
Enter date "Converting Entity" was first organized, formed or incorporate  3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorpora</u>	
Enter date "Converting Entity" was first organized, formed or incorporate  3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorpora</u>	
Enter date "Converting Entity" was first organized, formed or incorporate  3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporal  MAC HOME EXTERIOR CORP  Enter Name of Florida Profit Corporation  4. This conversion was approved by the eligible converting entity in accordance with this chapter	<u>.tion:</u> 
Enter date "Converting Entity" was first organized, formed or incorporate  3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation  MAC HOME EXTERIOR CORP  Enter Name of Florida Profit Corporation  4. This conversion was approved by the eligible converting entity in accordance with this chapter current/organic jurisdiction.	<u>.tion:</u> 
Enter date "Converting Entity" was first organized, formed or incorporate  3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation MAC HOME EXTERIOR CORP	ition: r and the laws of its is filed by the Florida



Signed	this 30 day of OCT	UBER	, 2	20	
<u>Requi</u>	red Signature for Florida Profit	Corporation:			
Signat	ure of Director, Officer, or, if Dire	ectors or Officers	s have not been seld	ected, an Incorporato	r:
Printed	i Name:	Title: PRE	SIDENT		
compa	red Signature(s) on behalf of Connies: [See below for required signature]	onverting Florid gnature(s).]	a partnerships, lii	nited partnerships,	and limited liability
Signat	ure: pragmod +			יורראד	_
Printed	ANA C FALEIRO	RAMOS	Title: PRES	SIDENI	_
Signat	ure: <u>-</u>				
Printed	i Name:		Title:		_
Signat	ure:	<del></del>			_
Printed	l Name:	<del></del>	Title:		_
Signat	ure:			<del></del>	<del></del>
Printee	l Name:		Title:		<del>_</del>
Signat	ure:			<del>-</del>	_
Printed	l Name:		Title:		_
Signat	ure:		<del></del>		_
Printed	1 Name:	<del>.</del>	Title:		_
	rida General Partnership or Lin ure of one General Partner.	nited Liability P	artnership:		
	rida Limited Partnership or Lin ures of <u>ALL</u> General Partners.	nited Liability L	<u>imited Partnershi</u>	<u>p:</u>	
	rida Limited Liability Company ure of a Member or Authorized Re				
All oth Signat	ners: ure of an authorized person.				
Fees:	Articles of Conversion: Fees for Florida Articles of Inco Certified Copy: Certificate of Status:	rporation;	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)		

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

The name of the corporation shall be: MAC HOME EXTERIOR CORP ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Principal street address Mailing address, if different is: 13720 OLD ST AUGUSTINE RD SUITE 8 # 313 SAME ARTICLE III \_ PURPOSE The purpose for which the corporation is organized is: AND ALL LAWFUL BUSINESS. ARTICLE IV SHARES The number of shares of stock is: ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: ANA C FALEIRO RAMOS - P Name and Title: 13720 OLD ST AUGUSTINE RD SUITE 8 # 313 Address: Address: JACKSONVILLE, FL, 322578 Name and Title: Name and Title: Address: Address: Name and Title: Name and Title: Address: Address:

•	
ARTICL	E VI REGISTERED AGENT
The name	and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	PB ACCOUNTING LLC
Address:	9891 SAN JOSE BLUD, SVITE
	JACKSONVILLE, FZ 32257
*****	************
-	een named as registered agent to accept service of process for the above stated corporation at the place designated it icate, I am familiar <del>wit</del> h and accept the appointment as registered agent and agree to act in this capacity
	TARGED 12-22-2020
V	Required Signature/Registered Agent Date

# L21000022226

(Req	uestor's Name	)
(Addı	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busia	ness Entity Nar	me)
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ing Officer:	



700354795527

11/03/20--01938--019 \*\*189.09

FILLED

2020 DEC 28 AH 9: 05

1 Table Falcond

1 Table Falcond

Maww 133720

CAN 0 6 2021

T. SCOTT

 $\Lambda\Lambda$ 



December 21, 2020

### Via USPS Express Overnight

Florida Department of State Division of Corporations Corporate Filings Post Office Box 6327 Tallahassee, FL 32314

Re: 5305 North Armenia, LLC

Reference Number: W20000133220

Dear Sir or Madam:

Enclosed is the original and one copy of the corrected Articles of Conversion with the date information at the top of the conversion page 2, along with a copy of the document. Thank you for your time and consideration in this matter.

Sincerely

. Stephen Cohen

VSC/lah Enclosures



November 25, 2020

V. STEPHEN COHEN BAJO CUVA & TURKEL, P.A. 100 N TAMPA STREET SUITE 1900 TAMPA, FL 33602

SUBJECT: 5305 NORTH ARMENIA, LLC

Ref. Number: W20000133220

We have received your document for 5305 NORTH ARMENIA, LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete date information on page 2 of conversation.,

Please return the corrected original and one copy of 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.

Letter Number: 720A00023364

Tyrone Scott Regulatory Specialist II New Filings Section

282 E 123 FH 3: 46

### **COVER LETTER**

TO:	New Filing S Division of G	Section Corporations			
SUB.	JECT:	5305	North Armenia,	LLC	
		(Name of Re	sulting Florida Lin	nited Co	ompany)
The e Busin	enclosed Article less Entity" int	es of Conversion, Artico o a "Florida Limited L	cles of Organiza Liability Compar	ition, a ay" in a	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Pleas	e return all con	respondence concernir	ng this matter to	:	
		V. Stephen Cohen			
_	<u> </u>	(Contact Person)	<u>-</u>	_	
	Вајо	Cuva Cohen & Turkel, F	P.A.		
		(Firm/Company)	<u></u>	_	
	100 N	Tampa Street Suite 190	00		
		(Address)		_	
	Ta	ampa, Florida 33602			
_		City, State and Zip Code)		_	
	S	cohen@bajocuva.com			
E-n	nail Address: (to b	oe used for future annual re	eport notifications)	<del></del>	
For fu	irther informati	on concerning this ma	tter, please call:		
_	V. Stepher	n Cohen	at ( 813	)	868-6162
	(Name of Conta	ict Person)	(Area Code	:) (Day	ytime Telephone Number)
Enclo: dollar:	sed is a check t s and drawn on	for the following amou a bank located in the	int: (All checks United States)	proces.	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles mization)	□\$155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		New I Divis: The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

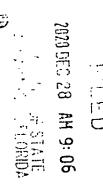
Tallahassee, FL 32303

### 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:  5305 North Armenia, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, 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)
06/18/1996 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
5305 North Armenia, 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 day of November	20_2
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:  Printed Name: Eugene O'Steen	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name: Gina Knauer	Title: P, D, S & T
Signature: Printed Name:	
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature: Printed Name:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabili Signature of one General Partner.	corporator must sign.
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy; Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the L	i <b>me:</b> Limited Liability Compan	y is:		
	5305 North A	Armenia, LLC		
(M	lust contain the words "Limited L	iability Company, "	L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Ad The mailing addre		he principal off	fice of the Limit	ed Liability Company is:
Principal Office	Address:	Mailing	Address:	
3420 West North A	Street	3420 We	est North A Street	
Tampa, Florida 336	09	Tampa, F	Florida 33609	
The name and the	Florida street address of	the registered a	agent are:	
		h L. Diaz Name		
	3242 Hendersor Florida street address (	n Boulevard Suit		
		, 1.0. DOX <u>110 1</u>		
	Tampa	FL	33609 Zip	
	City		Zιβ	
liability comp registered agent statutes relatin	oany at the place designate and agree to act in this co	ed in this certifi apacity. I furthe lete performanc	icate, I hereby ac er agree to comp re of my duties, a	ply with the provisions of all and I am familiar with and

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Eugene O'Steen
	3420 West North A Street
	Tampa, Florida 33609
MGR	Eugene O'Steen
	3420 West North A Street
	Tampa, Florida 33609
(Use attachment if necessary)	
(Ose acadiment is necessary)	
•	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	

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)

ARTICLE IV-