P24101071629

(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:





300439189593

TALLAHASSEE FATE

COVER LETTER

	ling Section n of Corporations							
TI	NT PROS TAMPA	A INC						
SUBJECT:		f Resulting Florid	da Profit C	Corporation	_			
	rticles of Conversion, Articles lorida Profit Corporation" in ac				rt the fo	ollowing	eligible	•
Please return al	I correspondence concerning the	nis matter to:						
ARNIM F	P ELIE JR							
***************************************	Contact Person							
	Firm/Company							
15507 C	ONWAY PLACE							
	Address							
TAMPA,	FL 33624							
	City, State and Zip Co	de						
TINTPRO	OSTAMPA@GMA	IL.COM						
	dress: (10 be used for future an		cation)					
For further info	rmation concerning this matter	, please call:						
ARNIM F	PELIE JR	_at (813	ຸ 787	-5327				
Nar	ne of Contact Person		Code and	Daytime Telephone N	umber	7 - - 10	20:	
Enclosed is a cl	neck for the following amount:					7	34 KC	البشع
■ \$105.00 Fili	ng Fees □\$113.75 Filing Fee and Certificate of Status	s E\$113.75 Fill and Certified C		□\$122.50 Filing Fee Certified Copy, and Certificate of Status	S	AHASSEE.	INA 11 AU	
New F Division P.O. B	ig Address: iling Section on of Corporations ox 6327 assee, FL 32314		New F Division The Ce 2415 N	Address: iling Section on of Corporations ontre of Tallahassee I. Monroe Street, Subassor, FL 32303	į. lie 810	FL	10: 18	D

Articles of Conversion

For

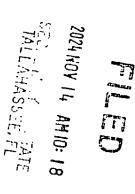
Converting Eligible Entity

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.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
TINT PROS TAMPA LLC (1601) 154882
Enter Name of the Converting Entity
2. The converting entity is a LIMITED LIABILITY COMPANY
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
tirst organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)
on 08/17/2016
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> : TINT PROS TAMPA INC
Enter Name of Florida Profit Corporation
4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.
5. If not effective on the date of filing, enter the effective date: 01/01/2025. (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida
(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.



Signed this 6 TH day of NOEMBER	2024
Required Signature for Florida Profit Corporation:	
Signature of Director, Officer, or, it Directors of Office	rs have not been selected, an Incorporator:
× (/~ 20-)	
Printed Name: ARNIM P ELIE JR Title:	SIDENT
companies: [See below for required signature(s).]	da partnerships, limited partnerships, and limited liability
Signature: ARNIM P ELIE JR	MANAGER
Printed Name: AIXINIVIT LETE 51X	_ Title:
Signature:	
Printed Name:	Title:
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:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	· · · ~

All others:

Signature of an authorized person.

Fees:

Articles of Conversion: Fees for Florida Articles of Incorporation: \$35.00 \$70.00

Certified Copy:

\$8.75 (Optional)

Certificate of Status:

\$8.75 (Optional)

N IL ANIO:

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

ARTICLE I	I PRINCIPAL OFFICE			
The principal	place of business/mailing address is:			
	Principal street address		Mailing address, if different is:	
15507 (CONWAY PLACE			
TAMPA	, FL 33624			
· ·	II PURPOSE for which the corporation is organized is: ND ALL LEGAL	·		
	· · · · · · · · · · · · · · · · · · ·			
		• • • • • • • • • • • • • • • • • • • •		
ARTICLE I	V SHARES 1000			
ARTICLE I	V SHARES 1000 of shares of stock is:			
LRTICLE 1	V OFFICERS AND/OR DIRECTO			
LRTICLE 1	V OFFICERS AND/OR DIRECTO	RES Name and Title:		
ARTICLE	V OFFICERS AND/OR DIRECTO	RES Name and Title:		
ARTICLE	V OFFICERS AND/OR DIRECTO	RES) ame and Title:	ť	2 2
ARTICLE Mame and Tit Address:	V OFFICERS AND/OR DIRECTO tle: ARNIM P ELIE JR (P) 15507 CONWAY PLACI TAMPA, FL 33624	E Address:	AC AC	2D24 NI
Name and Tit Address:	V OFFICERS AND/OR DIRECTO	Address: Name and Title:	ť	2024 NOV 14
ARTICLE Mame and Tit Address:	OFFICERS AND/OR DIRECTO tle: ARNIM P ELIE JR / P 15507 CONWAY PLACI TAMPA, FL 33624 tle:	Address: Name and Title: Address: Address:	ALL AH.	2024 HDV 1 4 AF
Name and Tit Address: Name and Tit Address:	OFFICERS AND/OR DIRECTO tle: ARNIM P ELIE JR / P 15507 CONWAY PLACI TAMPA, FL 33624	Address: Name and Title: Address: Address:	ALL	2024 NOV 1 4 AM 10: 1

ARTICLE VI REGISTERED AGENT

he <u>name and Florida street address</u> (P.O. Box NOT acce	ceptable) of the registered agent i	is:
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Name:

ARNIM P ELIE JR

Address:

155∂ → CONWAY PLACE

TAMPA,FL. 33624

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

11/06/2024

Date

TALLAHASSLE, FATE