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(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:

Office Use Only



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08/14/23--01040--003 **27/2010**

COVER LETTER

TO: New Filing S Division of G								
SUBJECT: Valor In	iterior Solutions, LLC							
30b/I.C1.		sulting	g Florida Limit	ed Cor	mpany)			
	es of Conversion. Artic o a "Florida Limited L							her
Please return all cor	respondence concernin	g this	s matter to:					
Brian Davie								
	(Contact Person)							
Valor Interior Solution	s, LLC							
	(Firm/Company)							
11985 Crestridge Loc	р						~	
	(Address)					::	024	
New Port Richey, FL	•					70 s	8 I NOT 1202	1
	(City, State and Zip Code)					S	8	و ا
valorinteriorok@gmai	I.com					SO C		
E-mail Address: (to	be used for future annual re	eport n	otifications)			MASSEE FL	بو	
For further informat	ion concerning this ma	itter.	please call:				8 111 9:47	
Brian Davie		at (405	802-	-7854			
(Name of Com	act Person)		(Area Code)	(Day	ytime Telephone Number))		
	for the following amount a bank located in the			roces	sed by this office mus	st be payal	ole in U	IS
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing Certified Cop		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
Mailing Add New Filing S Division of C P.O. Box 63 Tallahassee,	Section Corporations 27			New Divis The C	et Address: Filing Section sion of Corporations Centre of Tallahassee N. Monroe Street, Su	ite 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 A Valor Interior Solutions, LLC	articles of Conversion is:
(Enter Name of Other Business Entity)	 •
2. The "Other Business Entity" is a Limited Liability Company	
(Enter entity type. Example: corporation, limited partnership, general partnership, co	ommon law or business trust, etc.)
First organized, formed or incorporated under the laws of	924 J
(Enter state, or if a non-U.S. entit	y, the name of the counts)
8/16/2021 on	
(date of organization, formation or incorporation)	OSSESSES TO
3. The name of the Florida Limited Liability Company as set forth in the attached	Articles of Organization;
Valor Interior Solutions, LLC	79
(Enter Name of Florida Limited Liability Company)	7.
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 the date this document is filed by the Florida Department of State.)	•
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, th document's effective date on the Department of State's records.	is date will not be listed as the
5. The plan of conversion has been approved in accordance with all applicable statu	ites.

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.

Signature of Authorized Representative of Limi Signature of Authorized Representative: Printed Name: Brian Davie Signature(s) on behalf of Other Business Entity: Signature: Printed Name: Brian Davie	Title: Manager See below for required signature(s)]		
Signature: Printed Name:			
Signature:Printed Name:			
Signature:Printed Name:	Title:		2024
Signature:Printed Name:	Title:	LALAS	2024 JUH 18
Signature:Printed Name:	Title:	SEE PL	4:6 HH
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.			¥7
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:		
All others: Signature of an authorized person.			
Fees:			
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

. DELGLE L. N								
ARTICLE I - Na The name of the I	ame: Limited Liability Compan	y is:						
Valor Interior Solut								
()	lust contain the words "Limited L	iability Company, "L.L.C.," or "LLC.	.")					
ARTICLE II - A	ddress:							
The mailing addr	ess and street address of th	ne principal office of the Lin	nited Liability Company is:					
Principal Office	Address:	Mailing Address:						
11985 Crestridge Loop		11985 Crestridge Loop	11985 Crestridge Loop					
New Port Richey,	FL 34655	New Port Richey, FL 34	4655					
(The Limited Liability business entity with a		ered Office, & Registered . Registered Agent. You must designate the registered agent are:						
	Brian Davie							
		lame	2024					
	11985 Crestridge Loop		2024 JUN 18 /					
	Florida street address ((P.O. Box <u>NOT</u> acceptable)	7					
	New Port Richey	FL ³⁴⁶⁵⁵	18 AN					
	City	Zip	9					

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:		
	Dia Di		
"AMBR" = Authorized Member "MGR" = Manager MGR (Use attachment if necessary) LE V: Other provisions, if any. 2171592 REQUIRED SIGNATURE: Buth Signature of a member or	Brian Davie		
	11985 Crestridge Loop New Port Richey, FL 34655		
	New Port Richey, FL 34655		
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	. المواجعة على المو المواجعة على المواجعة على المواج	<u>. </u>	
		<u>.</u>	
(Use attachment if necessary)	\widetilde{G}		
(Ose attachment if necessary)	; [7:1		
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CLE V: Other provisions, if any.	; — <u>;</u> ;		
-2171592	<u> </u>	· ,	
REQUIRED SIGNATURE:	_		
Rugill	u C n - S		
Signature of a member or	an authorized representative of a member		
This document is executed in accordance	with section 605,0203 (1) (b), Florida Statutes, I am awa		
any false information submitted in a document as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree	: felo	
as provided for in \$.817.133, r.s.			
Brian Davie			
Ty	ped 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)