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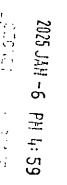
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
1/6/25-corrections recieved		

Office Use Only



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11/28/24--01009--010 **150.00







December 9, 2024

IZAMAR GARCIA RIVAS 1419 BELLADONNA PLACE SAINT CLOUD, FL 34771 US

SUBJECT: TG BALLOONS DECAR INC.

Ref. Number: W24000161209

We have received your document for and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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

Tabitha J Howell
Regulatory Specialist II
New Filings Section

Letter Number: 424A00026634

2025 JAH -6 PH 4: 59

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: TG BOLLOOF (Name of Result)	15 Decar Inc. Iting Florida Limited Company)
The enclosed Articles of Conversion, Article	es of Organization, and fees are submitted to convert an "Other bility Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	this matter to:
Izamar Garcia F (Contact Person)	Rivos
(Firm/Company) (Address)	Place
Saint Cloud FL 34 (City, State and Zip Code)	1771
To ball cons dear 6 'E-mail Address: (to be used for future annual repo	al Company Compart notifications)
For further information concerning this matte	er, please call:
IZamar Garaa (Name of Contact Person)	at (37) 437-7151 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount dollars and drawn on a bank located in the Ur	:: (All checks processed by this office must be payable in US nited States)
	□\$180.00 Filing Fees and Certified Copy Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 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: (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CONDON (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florido - P24006388 (Enter state, or if a non-U.S. entity, the name of the country) 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: (Enter Name of Florida Limited Liability Company) 4. If not effective on the date of filing, enter the effective date: 1/70/24. (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 ZO day of MOUM DO	<u> 20 74</u>		
Signature of Authorized Representative of Limi	/ ited Liability Company:		
Signature of Authorized Representative: Printed Name: TZOYNOY GAYCIO AND	may-aught stile: LiPresidont	_	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]		
Signature: Dacque in F. Rivas Signature: de Jesu	V		
Signature: de Jesu	5 '		
Printed Name:	Title:	— -	
Signature:			
Signature:Printed Name:	Title:	_ _	
Signature:Printed Name:			
Printed Name:	Title:		
Signature:	m		
Printed Name:	l'itle:	_	
Signature: Printed Name:	Title	_	
	1100.	_	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or 0	Officer.		
If Directors or Officers have not been selected, an Inc	corporator must sign.		
If Florida General Partnership or Limited Liabilit 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:		2025 SEC	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional)	2025 JAN -6 PH	# E
Centificate of Status;	\$5.00 (Optional)	÷ 59	٠,٠

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:			
TG Balloons Decor L.C. (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address: Mailing Address:			
1419 Belladonna Place Saint Cloud FL 34771 34771			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are:			
Tzamar Garcia Rivas			
2029 Grande Ct. Apt. 317 Florida street address (P.O. Box NOT acceptable)			
hissimmee FL 34743 City Zip			
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 acrifi 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)			

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AUBR	Izamar Garcia Rivas 2029 Grande Ct. Apt 312 Kissimmee FL 34743
AMBR	Jamueline Rivas De Jeas 2761 Wadeview 100P St. Claud FL 34769
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is executed in accordance	r an authorized representative of a member see with section 605.0203 (1) (b), Florida Statutes, I am aware that ument to the Department of State constitutes a third degree felony
Izamar Garci	yped or printed name of signee $\frac{1}{2}$
	Filing Fees
\$125.00 Filing Fee for Articles \$ 30.00 Certified Copy (Option	of Organization and Designation of Registered Agent and nal) S 5.00 Certificate of Status (Optional)
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