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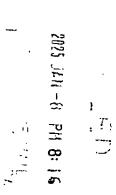
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
,	omede cina, ria.	
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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01/08/25--01028--020 **150.00



Articles of Conversion

or

"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.

ROMERO'S REMODELING FL CORP (Enter Name of Other Business Entity)	004000055010
Corporation	P24000055319
2. The "Other Business Entity" is a	artnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of	•
(Enter state, or if a n	on-U.S. entity, the name of the country)
08/26/2024 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the ROMERO'S REMODELING FL LLC	attached Articles of Organization:
(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 no	
Note: If the date inserted in this block does not meet the applicable statutory filing requ	uirements, this date will not be listed as the
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	
 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 requidocument's effective date on the Department of State's records. 5. The plan of conversion has been approved in accordance with all applied. 6. The "Converted or Other Business Entity" has agreed to pay any member which such members are entitled under ss. 605.1006 and 605.1061-605.1 	cable statutes. s having appraisal rights the amount to

Signed this 30	day of December	20 <i>2cf</i>	
Signature of Auth	orized Representative of	Limited Liability Compa	iny:
Signature of Autho Printed Name: YUNI	rized Representative:	Title: Title P	
Signature(s) on bel	half of Other Business Enti	ty: {See below for requir	ed signature(s)]
Signature:	ÉR ROMERO GAMEZ		
Printed Name: YUNI	ÉR ROMERO GAMEZ	Title: MGR	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
	tion: nan, Vice Chairman, Directo ers have not been selected, a		
If Florida General Signature of one Ge	Partnership or Limited Li neral Partner.	ability Partnership:	
If Florida Limited Signatures of ALL (Partnership or Limited Li General Partners.	ability Limited Partnersh	i <u>p:</u>
All others: Signature of an auth	orized person.		
Fees:			

\$25.00 \$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

5 Jan - 8 PH 8: 16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited L	iability Company	is:	
ROMERO'S REMODELING I		oility Company, "L.L.C.," or "L.L.C.")	
	The World Finance France	may company, 12thes, or the y	
ARTICLE II - Address: The mailing address and st	reet address of the	principal office of the Limite	d Liability Company is:
Principal Office Address:	<u>.</u>	Mailing Address:	
		432 NE 8TH TERRACE	
YUNIER ROMERO GAMEZ		CAPE CORAL, FL 33909	
			-
	nnot serve as its own Re	red Office, & Registered Age gistered Agent. You must designate an	
The name and the Florida s	street address of the	e registered agent are:	
YUNIEF	R ROMERO GAMEZ	<u> </u>	
	Na	me	
432 NE	8TH TERRACE		
Florid	a street address (P	.O. Box NOT acceptable)	
CAPE C	ORAL	FL 33909	
	City	Zip	
liability company at the registered agent and agre statutes relating to the p accept the obligations	ne place designated see to act in this cap proper and complet s of my position as t	I to accept service of process for in this certificate, I hereby acceptacity. I further agree to complete performance of my duties, are registered agent as provided for	cept the appointment as ly with the provisions of all nd I am familiar with and or in Chapter 605, F.S
Rec	<i>(fruit)</i> vistered Agent's Si	ignature (REQUIRED)	25 J.
NC _è	i I	·Pimme (unixoumn)	2025 JAH -8
	(CONT)	INUED)	80 H

ARTICLE IV-

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

Name and Address:	
VUNIED DOMEDO CAMEZ	
CAPE CORAL, PL 33909	
 1	2025
	<u>_</u>
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· · ·	PH 8: 15
an authorized representative of a member	PH 8: 1
e with section 605.0203 (1) (b), Florida Statutes. I am a	PH 8:
an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am a ment to the Department of State constitutes a third deg	PH 8:
e with section 605.0203 (1) (b), Florida Statutes. I am a	PH 8:
e with section 605.0203 (1) (b), Florida Statutes. I am a	PH 8:
_	YUNIER ROMERO GAMEZ 432 NE 8TH TERRACE CAPE CORAL, FL 33909

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)