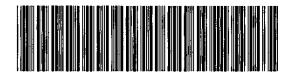
| (Re | questor's Name) | | | |
|---|-------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | y/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | _ | | | |
| | | | | |
| | | , | | |

Office Use Only



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K. SALY EXAMINER

OCT 2 2 2013

COVER LETTER

| TO: Registration Division o | on Section f Corporations | | |
|--|--|---|---|
| | A Fantastic Finish | es. LLC | |
| SUBJECT: | | of Resulting Florida Limited | Company) |
| | | _ | n, and fees are submitted to convert an pany" in accordance with s. 608.439, F.S. |
| Please return all c | orrespondence concern | ing this matter to: | |
| Nathan P. Syck | s, Esq. | | |
| • | (Contact Person) | ` | |
| Nathan P. Sycks | s, LLC | | |
| | (Firm/Company) | | |
| 11175 Cicero D | rive, Suite 100 | | |
| | (Address) | | |
| Alpharetta, GA | A 30022 | | |
| 7 apriarotta, Or | (City, State and Zip Code | <u> </u> | |
| nathan@sycks | | • | |
| | used for future annual rep | ort notifications) | |
| For further inform | nation concerning this r | natter, please call: | |
| Nathan Sycks | | at (678) 5 | 57-7528 |
| (Name of Co | ontact Person) | | Daytime Telephone Number) |
| Enclosed is a chec | ck for the following am | ount: | |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | \$155.00 Filing Fees and Certificate of Status | \$180.00 Filing Fees and Certified Copy | \$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| STREET ADDR | ESS: | MAILING | ADDRESS: |
| Registration Section | | Registratio | |
| Division of Corporations | | | Corporations |
| Clifton Building | antar Cirola | P. O. Box 6 | 5327 - FI 32314 |

Tallahassee, FL 32301

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company



This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

| 1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of |
|--|
| Conversion is: |
| A&A Fantastic Finishes, Inc. #P12000051122 |
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a corporation . |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| 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 June 6, 2012 (Enter date "Other Business Entity" was first organized, formed or incorporated) |
| 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated: |
| n/a |
| 4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| A&A Fantastic Finishes, LLC |
| (Enter Name of Florida Limited Liability Company) |
| 5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.) |
| |

conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

6. The conversion is permitted by the applicable law(s) governing the other business entity and the

currently organized, formed or incorporated.

| Signed this 26 th day of September | 20 <u>13 .</u> |
|---|--|
| Signature of Member or Authorized Repularity Individual signing affirms that the facts state constitutes a third degree felony as provide | |
| Signature of Member or Authorized Represe Printed Name: Bonita L. Asher | entative: Bouta Laske Title: Managing Member |
| this document are true. Any false informatis.817.155, F.S. [See below for required sign | • • |
| Signature: Bonita L Osk Printed Name: Bonita L. Asher | Title: CEO |
| Signature:Printed Name: | Title: |
| Printed Name: | Title: |
| Signature:Printed Name: | Title: |
| Signature:Printed Name: | Title: |
| Signature:Printed Name: | Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Directly Directors or Officers have not been selected | |
| If Florida General Partnership or Limited Signature of one General Partner. | Liability Partnership: |
| If Florida Limited Partnership or Limited Signatures of ALL General Partners. | Liability Limited Partnership: |
| All others: Signature of an authorized person. | |
| Fees: | |
| Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) |

\$30.00 (Optional) \$5.00 (Optional) Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Compar | ny is: | |
|--|---|---|
| A&A Fantastic Finishes, LLC (Must end with the words "Limited Liability Company, t | the abbreviation "L.L.C.," or the designation "LLC." | <u> </u> |
| ARTICLE II - Address: | | |
| The mailing address and street address of t | the principal office of the Limited Liabi | lity Company is: |
| Principal Office Address: | Mailing Address: | |
| 4176 Camelia Dr | 4176 Camelia Dr | |
| Hernando Beach, FL 34607 | Hernando Beach, FL 34607 | |
| ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.) | tered Office, & Registered Agent's Si Registered Agent. You must designate an individual | gnature: I or another |
| The name and the Florida street address of | the registered agent are: | 13 OCT 21 PH 4: 18 SEVENIESSEE, FLORING |
| Bonita L. Asher | | 12 11 |
| | Name | FILED TO PH |
| 4176 Camerlia Dr | | |
| Florida street add | dress (P.O. Box NOT acceptable) | - |
| Hernando Beach | FL 34607 | 1 1 2 |
| | City, State, and 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 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Bonita L. Asher 4176 Camelia Dr Hernando Beach, FL 34607 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date listed therein.) **REQUIRED SIGNATURE:**

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Bonita L. Asher

Typed or printed name of signee

Signature of a member or an authorized representative of a member.