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(Re	equestor's Name)	
(Ad	dress)	_
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
		
<u> </u>	<u>. </u>	
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration S Division of C				
SUBJECT: Sweet	Memories Photogra	phy by Naomi I	Phelps, LLC	
 -	(Name	of Resulting Florid	a Limited Company)	
			ion, and fees are submitted to y" in accordance with s. 605	
Please return all corr	espondence concernin	g this matter to:		
Michael Banner				
	(Contact Person)		_	
	(Firm/Company)		_	
P.O. Box 13092				
	(Address)		_	
Tucson, AZ 85732				
(1	City, State and Zip Code)			
swtmemoriesphoto	graphy@gmail.com			
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Nadeen Jahn		_at (520	,881-3989	
(Name of Conta	et Person)	(Area Code) (Daytime Telephone Number)	_
Enclosed is a check f	or the following amou	int:		
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		
STREET ADDRES Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ions er Circle	Regist Divisio P. O. E	ING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	FILED 22 33

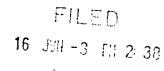
Articles of Conversion

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.

Sweet Memories Photography by Naomi Phelps, LLC
(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, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Virginia
7/18/2013 (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Sweet Memories Photography by Naomi Phelps, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to date of receipt or filed date 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.)
5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

Page 1 of 2

Signed this 17th day of May	20 <u>16</u>	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Hanna Printed Name: Naomi Phelps-Bogush	Title: Member	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]	
Signature: Marmi, Pillis Braigh		
Signature: Mathy Pulls Bogush Printed Name: Naomi Phelps-Bogush	Title: Member	
Signature:		
Signature: Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or		
If Directors or Officers have not been selected, an Inc	corporator must sign.	
If Florida General Partnership or Limited Liabilit	ty Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		
<u>Fees:</u>		16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		FILED
The name of the Limited Liability Company is:	16 3	MM -3 PM 2438
Sweet Memories Photography by Naomi Ph (Must end with the words "Limited Liability		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liabi	ility Company is:
Principal Office Address:	Mailing Address:	
1421 NW 14th Avenue Boca Raton, FL 33486	1421 NW 14th Avenue Boca Raton, FL 33486	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)		
The name and the Florida street address of the re	gistered agent are:	
Naomi Phelps-Bogush		
Name		
1421 NW 14th Avenue		
Florida street address (P.O.	Box NOT acceptable)	
Boca Raton	FL 33486	
City	Zip	
Having been named as registered agent and to	accept service of process for the a	bove stated limited

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..

(CONTINUED)

Page 1 of 2

Company:			FILI	1	
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	16	JUN -3	Pi	2: 3
"MGR" = Manager AMBR	Naomi Phelps-Bogush	•	1		
	1421 NW 14th Avenue				
	Boca Raton, FL 33486				
					
(Use attachment if necessary)	al 1 c CCV		NOTION (A		
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) Page 2 of 2

of Registered Agent