L8000063723

(Re	questor's Name)	
(Add	dress)	
. (Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Centified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

112010016394

11/20

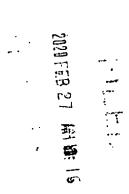
MAR UZ 2020

T. SCOTT



600339551176

01/24/20--01017--072 (*165.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

February 17, 2020

MAGGIE EUBNKS MANE MANAGEMENT LLC 95 BAY HAVEN COURT MIRAMAR BEACH, FL 32550

SUBJECT: MANE MANAGEMENT LLC

Ref. Number: W20000016296

We have received your document for MANE MANAGEMENT LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 620A00003473

Ċ.

COVER LETTER

Division of Corporations		
SUBJECT: Will Mill Marie of Res	WAT LLC Julting Florida Limited Com	npany)
The enclosed Articles of Conversion. Articles Business Entity" into a "Florida Limited Li		
Please return all correspondence concerning	g this matter to:	
(Contact Person)		
(Firm/Company)	<u>. L</u>	
95 Bay Haven Lourt (Address)	<u> </u>	
Miramar Blaun FL 3255 (City, State and Zip Code)	t .	
E-mail Address: (to be used for future annual re	port notifications)	
For further information concerning this may	tter, please call:	
(Name of Contact Person)	at (<u>LO)</u>) <u>LU</u> (Area Code) (Day	3-5854 time Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the	-	ed by this office must be payable in US
\$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	Certified Copy, and Certificate of Status
Mailing Address:		Address:
New Filing Section Division of Corporations		Filing Section on of Corporations
P.O. Box 6327		entre of Tallahassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section

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 <u>limited Uability Sake proprietor</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
on 2/2/8 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Mane Munagement UC.
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 21120
(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 21 day of JUNIANY	20 <u> 20</u>
Signature of Authorized Representative of Lim	——————————————————————————————————————
Signature of Authorized Representative:	Mile: President
Signature(s) on behalf of Other Business Entity:	
Signature: Mayar Gubanes	
Printed Name: Mayte gubants	_ Title: President
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	Title
i inted Name.	
Signature:	av. I
Printed Name:	litte:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ity Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
me market market market and the control of the cont	· · · · · · · · · · · · · · · · · · ·

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Mane Management LLL (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 Lim	
Principal Office Address: Mailing Address:	
95 Bay Haven Churt 95 Bay Hau Miramur Beach, FL 32550 Miramar Beach	ven (burt ntFL 3255°
ARTICLE III - Registered Agent, Registered Office, & Registered A (The Limited Liability Company cannot serve as its own Registered Agent. You must designate business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Muzzaic Euhanks Name	
15 Buy Haven Unix4 Florida street address (P.O. Box NOT acceptable)	
Mixamax Black FL 31550 City Zip	
City Zip	
Having been named as registered agent and to accept service of proces liability company at the place designated in this certificate. I hereby registered agent and agree to act in this capacity. I further agree to constatutes relating to the proper and complete performance of my duties, accept the obligations of my position as registered agent as provided	accept the appointment as nply with the provisions of all , and I am familiar with and
Registered Agent's Signature (REQUIRED)	_
(CONTINUED)	2028 F

"MGR" = Manager	
	
	
(Use attachment if necessary)	
CLE V. Other provisions if any	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	
	1 MMC
	i hemis
REQUIRED SIGNATURE: Signature of a member This document is executed in accordance.	r or an authorized representative of a member dance with section 605.0203 (1) (b), Florida Statutes. I am aware document to the Department of State constitutes a third degree fe
Signature of a member This document is executed in accordany false information submitted in a as provided for in s.817.155, F.S.	lance with section 605.0203 (1) (b), Florida Statutes. I am aware

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

ARTICLE IV-

Company: