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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	New Filing S Division of C				
SHR.	IFCT. Ginghar	m + Gifts Boutique, LLC			
501			sulting Florida Lin	nited Cor	npany)
					nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corr	respondence concernin	g this matter to	<u>.</u>	
Debo	rah Pierson				
		(Contact Person)			
		(Firm/Company)		_	
3752	Bay Tree Rd				
		(Address)			
Lynn	Haven, FL 3244	4			
	(City, State and Zip Code)			
gingh	amandgifts@gm	ail.com			
E-r	mail Address: (to l	oe used for future annual re	port notifications)		
For fu	urther informati	ion concerning this ma	tter, please call	:	
Debo	rah Pierson		_at (<u>850</u>	819-	2908
	(Name of Cont	act Person)	(Area Cod	e) (Day	vtime Telephone Number)
		for the following amou a bank located in the	•	proces	sed by this office must be payable in US
(\$25 fc & \$12:	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	\$180.00 Filin and Certified Co		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add				t Address:
	New Filing SDivision of C				Filing Section ion of Corporations
	P.O. Box 632	•			Centre of Tallahassee
	Tallahassee,	FL 32314			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.

(Enter Name of Other B	Business Entity)
2. The "Other Business Entity" is a corporation	
(Enter entity type. Example: corporation, limit	ted partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the la	tws of Florida
,	(Enter state, or if a non-U.S. entity, the name of the country)
on March 24, 2021	
(date of organization, formation or incorporation)	
	any as set forth in the attached Articles of Organization:
	any as set forth in the attached Articles of Organization:
3. The name of the Florida Limited Liability Comp	··
3. The name of the Florida Limited Liability Comp Gingham + Gifts Boutique, LLC	Liability Company)

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 th	nis <u>5th</u>	day of June		_20 <u>25</u>
Signatur	re of Authoriz	zed Representative	of Limit	ted Liability Company:
Signature Printed N	e of Authorize _{Jame:} <u>Deborah</u>	ed Representative: Pierson		Title: Menager
<u>Signatur</u>	e(s) on behalf	of Other Business E	intity: S	See below for required signature(s)
Signature	.:	'		Title: Owner
Printed N	lame: Deborah	Pierson		Title: Owner
Signature Printed N	: lame:			Title:
Signature Printed N	: iame:			_ Title:
				Title:
				Title:
Printed N	ame:			Title:
Signature		<u>ı:</u> Vice Chairman, Direc have not been selected		
	a General Par of one Genera	tnership or Limited al Partner.	Liabilit	y Partnership:
-	a Limited Par s of <u>ALL</u> Gen		Liabilit	v Limited Partnership:
All other Signature	s: of an authoriz	red person.		
Fees:				
F ₀ C	rticles of Con ees for Florida ertified Copy ertificate of S	a Articles of Organiz	ation:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na				
The name of the L	imited Liability Company i	S:		
Gingham + Gifts Bo	utique, LLC			
(M	ust contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ac	ldrace:			
	ss and street address of the	principal office of the Lim	ited Liability Company is:	
C			, , ,	
Principal Office A	<u> Address:</u>	Mailing Address:		
1106 Ohio Avenue,	Suite 5	3752 Bay Tree Road		
Lynn Haven, FL 324	144	Lynn Haven, FL 32444		
ADTICLE III D		LORG OB '. L	al Cir	
(The Limited Liability C	egistered Agent, Register ompany cannot serve as its own Reg	ed Office, & Registered A gistered Agent. You must designate	agent's Signature: an individual or another	
	active Florida registration.)			
The name and the	Florida street address of the	e registered agent are:		
	Deborah Pierson			
	Nai	ne		
	1614 Nassau Street			
	Florida street address (P.	O. Box <u>NOT</u> acceptable)		
	Panama City	_{E1} 32409		
	City	Zip		
		·		
	*		s for the above stated limited	
	oany at the place designated and agree to act in this cap			
•	g to the proper and complet	• •	and I am familiar with and	
statutes relatin	g to the proper and complet digations of my position as r	e performance of my duties,	and I am familiar with and	
statutes relatin		e performance of my duties,	and I am familiar with and	
statutes relatin		e performance of my duties,	and I am familiar with and	

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Deborah Pierson
	1614 Nassau Street
	Panama City, FL 32409
AMBR	Krystal Thorne
	3752 Bay Tree Road
	Lynn Haven, FL 32444
AMBR	Clifton Thorne
	3752 Bay Tree Road
	Lynn Haven, FL 32444
(Use attachment if necessary)	
(
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
	•

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, 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.

Deborah Pierson

Typed or printed name of signee

Filing Fees

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