

Pamela Masgrove

Requester's Name

Address

City/State/Zip

Phone #

L00000013152

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____ 500003458405--7
(Corporation Name) (Document #)
-11/09/00--01025--007
***150.00 ***150.00

4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 NOV -9 AM 9:44

APPROVED
AND
FILED

Examiner's Initials

JB
11-01-00

CERTIFICATE OF CONVERSION

Pursuant to sections 608.407 and 608.439, Florida Statutes, the following entity hereby submits the attached articles of organization and this certificate of conversion to convert to a Florida limited liability company:

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

FIRST: The name of the other entity immediately prior to filing this document was:

ARTISAN Salon & Spa

SECOND: The date on which and the jurisdiction in which the other entity was first created or otherwise came into being were:

A. Date:

OCT 23-2000

B. Jurisdiction:

FLORIDA

THIRD: If the jurisdiction was changed, the jurisdiction immediately prior to its conversion to a Florida limited liability company was: _____

FOURTH: The name of the limited liability company as set forth in the forth in the attached articles of organization is:

ARTISAN Salon & Spa LLC

FIFTH: Attached is a copy of the articles of organization for the new Florida limited liability company.

SIXTH: The effective date, if other than the date of filing, is: _____

(Note: Date must be specific and cannot be prior to the date of filing or more than 90 days in the future.)

Pamela Musgrove

Signature of a Member or an Authorized Representative of a Member.

(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.)

Pamela Musgrove

Typed or Printed Name of Signee

FILING FEES: \$100 Filing Fee for Articles of Organization
\$ 25 Filing Fee for Registered Agent Designation
\$ 25 Filing Fee for Certificate of Conversion
\$ 30 Certified Copy (optional)
\$ 5 Certificate of Status (optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Artisan Salon & Spa LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1305 Paul Russell Rd
Tallahassee FL 32301

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Pamela Musgrove
Name
1305 Paul Russell Rd
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
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..

Pamela Musgrove
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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

(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.)

Pamela Musgrove
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)