

LO2000019172

M Yadona

1251 Thatch Palm Dr.

Boca Raton, Fl. 33432

City/State/Zip

Phone #

Office Use Only

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

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

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

100005492311--4
-05/08/02--01060--004
****185.00 ****185.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JUL 26 AM 9:28

FILED

Examiner's Initials

LO2000019172



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 17, 2002

M YALONA
21301 POWERLINE ROAD #311
BOCA RATON, FL 33431

SUBJECT: FEEL GIFTED LLC
Ref. Number: W02000014344

We have received your document for FEEL GIFTED 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 document must contain both the street address of the principal office and the mailing address of the entity.

Please return 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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 202A00031682



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 12, 2002

M YALONA
21301 POWERLINE ROAD #311
BOCA RATON, FL 33431

M. YALONA
1251 Thatch Palm Dr.
Boca Raton Fl. 33432

SUBJECT: FEEL GIFTED LLC
Ref. Number: W02000014344

We have received your document for FEEL GIFTED LLC and your check(s) totaling \$185.00. However, the document has not been filed and is being retained in this office for the following:

Please complete the attached document and return it to our office so I can process your filing.

Please return 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) 245-6913.

Diane Cushing
Corporate Specialist

Letter Number: 702A00043301

CERTIFICATE OF CONVERSION

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

FIRST: The name of the unincorporated business immediately prior to filing this document was:

FEEL GIFTED

SECOND: The date on which and the jurisdiction in which the unincorporated business was first created or otherwise came into being are:

- A. Date: 1-25-2002
B. Jurisdiction: Palm Beach Cnty
C. If different from the above noted jurisdiction, the jurisdiction immediately prior to its conversion: _____

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

FEEL GIFTED LLC

Mary C. Yacona

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.)

MARY C. YACONA

Typed or Printed Name of Signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JUL 26 AM 9:28

FILED

FILING FEES:

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FEEL GIFTED LLC

ARTICLE II - Address:

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

265 N. FEDERAL HWY., #123
DEERFIELD BEACH, FL 33441

(mailing)
1251 THATCH PALM DRIVE
BOCA RATON, FL 33432

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

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

MARY YACONA

Name

1251 HATCH PALM DRIVE

Florida street address (P.O. Box **NOT** acceptable)

BOCA RATON FL 33441

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.

Mary Yacona
Registered Agent's Signature

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02 JUL 6 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

Mary Yacona
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.)

Mary E. Yacona
Typed or printed name of signee

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)