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(Req	uestor's Name)	
(Addi	ress)	· · · · · · · · · · · · · · · · · · ·
(Addı	ress)	
(City/	State/Zip/Phone #	7)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Name)
(Doci	ument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Fi	ling Officer:	
		$\mathcal{A}g$
	Office Use Only	



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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CORB SOCIETY LLC (Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
ANNA TROTTA (Name of Person)		
COBB SOCIETY LCC (Firm/Company)		
(California)		-
P.O. BOX 277	<u>P</u> r	
(Address)	-	7-3
BUNNELL FL 32110 (City/State and Zip Code)		8:10:51
For further information concerning this matter, please call:	ا ا ا حد	
ANNO TROTTA at (866) 731-2622 (Name of Person) (Area Code & Daytime Telephone Number)	·	
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee	atus &	

STREET ADDRESS: Registration Section

Division of Corporations 409 E. Gaines Street

Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

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:	
ICE CREAM MAN FROM HELL.	
SECOND: The date on which and the jurisdiction in which the unincorporated business was first created or otherwise came into being are: A. Date: B. Jurisdiction: SOMENTET COUNTY FLACTION NOTE: 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 <u>attached</u> articles of organization is:	
COBB SOCIETY LLC	
ana Irotta	
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.	9
ANNA TROTTA	
Typed or Printed Name of Signee	

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

A)	RT	IC	LE	I	_	Na	me	:
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The name of the Limited Liability Company is:

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

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

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

ASPON STREET

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

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..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managi The name and address of each Manager				
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGRM	ANNA TRATTA 1147 ASPEN STREET BUNNISH FL 3211 d			
MGRM	JJMMY TROTTA 1147 ASPEN STREET BUNNELL FL JRIIO			
(Use attachment if necessary)			05	
	added if an effective date is requested.	39 4	05 #** -3	
REQUIRED SIGNATURE:	, ,			Ë
ana	Inta	言語	ET 10: 54	
Signature of a member or	an authorized representative of a member.			
(In accordance with section of this document constitute that the facts stated herei	n 608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury in are true.)			
ANNA Typed	TROTTA 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)