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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE





COVER LETTER

| | ration Se on of Cor | ction porations | | , | | |
|-------------------|------------------------|---|--------------------------------------|---|---|----------------------|
| SUBJECT: C | urtain | Couture & Design, L | | npany) | | _ |
| | | (* | u 21401111, 00. | p) | | |
| The enclosed A | rticles of | Organization and fee(s) are s | ubmitted for fi | ling. | | |
| Please return all | l correspo | ondence concerning this matte | er to the follow | ing: | | |
| Nanc | y Gold | din | | | | 2006 |
| | | | Name of Person |) | | 8 |
| Curta | in Col | uture | | | | 2006 DCT 16 PH 3: 49 |
| | | (| (Firm/Company) | | | PH |
| 71 S. | Dixie | Hwy., Suite 10-B | | | | |
| | | | (Address) | | | |
| St. A | ugust | ine, FL 32084 | | | | |
| | <u> </u> | | /State and Zip C | ode) | | |
| For further info | rmation o | concerning this matter, please | call: | · | | |
| Nancy Gold | din | | at (904 | , 826-399 | 3 | |
| | (Name | of Person) | | Code & Daytime T | elephone Number) | |
| | | r the following amount: | _ | | | |
| \$125.00 Filii | ng Fee | S130.00 Filing Fee & Certificate of Status | Certified C | Filing Fee & opy py is enclosed) | \$160.00 File Certificate of S Certified Copy (additional copy is | tatus & |
| | • | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Regist Divisi Clifto 2661 I | /Courier Address ration Section on of Corporation Building Executive Center | ns · Circle | |

Certificate of Conversion For "Other Pusiness Entity"

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate 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.608.439, Florida Statutes.

| 1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: Curtain Couture | |
|--|-----------------|
| (Enter Name of Other Business Entity) | |
| 2. The "Other Business Entity" is a Sole Proprietorship | DIVID |
| 2. The "Other Business Entity" is a Sole Proprietorship (Enter entity type. Example: corporation, limited partnership, sole proprietorship general partnership, common law or business trust, etc.) | SION OF |
| first organized, formed or incorporated under the laws of | |
| (Enter state, or if a non-U.S. entity, the name of the country) | PH (|
| on May 25, 2006 | ** 3: \9 |
| (Enter date "Other Business Entity" was first organized, formed or incorporated) | |
| 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated: | |
| 4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: | |
| Curtain Couture & Design, LLC | |
| (Enter Name of Florida Limited Liability Company) | |

Page 1 of 2

EFFECTIVE DATE

10-16-04

| 5. If not effective on the date of filing, enter the effective date: 1) cannot be prior to nor medocument is filed by the Florida Department of effective date listed in the attached Articles of O listed therein.) | ore than 90 days after the date thi State; <u>AND</u> 2) must be the same a | |
|--|--|---|
| Signed this 12 th day of October | _20 <u>06</u> . | |
| Signature of Authorized Person: | Moedin | |
| Printed Name: Nancy Goldin Title | Owner/Manager | |
| Fees: Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | ======================================= | SECRETARY OF STATE DIVISION OF COGNICATIONS |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|--|---|
| Curtain Couture & Design, LLC | |
| (Must end with the words "Limited Liability Company, "Limited | I Company" or their abbreviation "LLC," or "L.C.,") |
| ARTICLE II - Address: | |
| | ncipal office of the Limited Liability Company is: |
| | |
| Principal Office Address: | Mailing Address: |
| 71 S. Dixie Hwy., Suite 10-B | 71 S. Dixie Hwy., Suite 10-B |
| St. Augustine, FL 32084 | St. Augustine, FL 32084 |
| | 210 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | Office, & Registered Agent's Signature: |
| The name and the Florida street address of the re | |
| Nancy Goldin | 3: 49 |
| Name | 9 % |
| 71 S. Dixie Hwy., Suite 10-E | |
| Florida street add | ress (P.O. Box NOT acceptable) |
| St. Augustine, FL 32084 | FL |
| City, State, a | nd 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Me | Name and Address: ember |
|--|---|
| Manager | Nancy Goldin |
| | 71 S. Dixie Hwy., Suite 10-B |
| | St. Augustine, FL 32084 |
| Volume to March the Control of the C | |
| | |
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| | |
| | and) |
| LE V: Effective date, if other controls is the defective date is listed, the defective date is listed, the defective date is listed. | her than the date of filing: 10/16/2006 (OPTION late must be specific and cannot be more than five business date |
| LE V: Effective date, if other controls is the defective date is listed, the defective date is listed, the defective date is listed. | her than the date of filing: 10/16/2006 . (OPTION late must be specific and cannot be more than five business dang.) |
| ffective date is listed, the d days after the date of filing REQUIRED SIGNATUI | her than the date of filing: 10/16/2006 (OPTION late must be specific and cannot be more than five business dang.) RE: |
| LE V: Effective date, if other fective date is listed, the days after the date of filing the second signature of this do | her than the date of filing: 10/16/2006 (OPTION late must be specific and cannot be more than five business days) RE: |

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)