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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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# **COVER LETTER**

TO:	Registration Division of O		ns				
SUBJ	ЕСТ: <i>Wo</i>	RLO	CLAS	s L	BARBER	SHOP	LLC
		(Nan	ne of Resulting	g Florida i	Limited Comp	oany)	
conve	nclosed Certifi rt an "Other B lance with s. 6	usiness Er	ntity" into a		_		s are submitted to pany" in
Please	e return all cor	responden	ce concernir	ng this n	natter to:		
	CHRIS	FOPHE	R Se	NO			
		(Contact	Person)				
		-	ompany)				
	P.o. B	or 14	66				
	LABEL (	City, State a	and Zip Code)	37 / <u>t</u>	<u> </u>		v
For fu	rther informat	ion concer	ning this ma	atter, ple	ase call:		
<u></u> C.	HRISTOPH	FER O	Sova	at (	863)	675-	3903 ephone Number)
	(Name of Cont	act Person)		(	Area Code an	d Daytime Tel	ephone Number)
Enclos	sed is a check	for the foll	lowing amo	unt:			
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles inization)		0 Filing Fees ficate of		0.00 Filing Feathfied Copy	Certifie	.00 Filing Fees, d Copy, and ate of Status
Regist Division Clifton 2661 I	ET ADDRES ration Section on of Corporat n Building Executive Cent assee FL 323	tions			Registrati Division of P. O. Box	G ADDRES on Section of Corporati : 6327 ee, FL 3231	ons



### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 20, 2006

CHRISTOPHER SOVO PO BOX 1466 LABELLE, FL 33975

SUBJECT: WORLD CLASS BARBERSHOP LLC

Ref. Number: W06000050720

We have received your document for WORLD CLASS BARBERSHOP LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must state the effective date of the conversion. The effective date cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date of the conversion under the laws governing the other business entity.

Article IV what is Natashas title?

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) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 006A00067577

## Certificate of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization 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:  WORLD CLASS BARBERSHOP G032736	700208
(Enter Name of Other Business Entity)	10-20
2. The "Other Business Entity" is a Fig. 71710VS NAME  (Enter entity type. Example: corporation, limited partnership, sole proprietorship,	
general partnership, common law or business trust, etc.)	
first organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)	SEONES F
on 9/30/03 (Enter date "Other Business Entity" was first organized, formed or incorporated)	FILED NOV 27 PM 12: 35 CREWESEE FLORIDA
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:	FLORIDA FLORIDA
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	
WORLD CLASS BARBERSHOP LLC.	
(Enter Name of Florida Limited Liability Company)	

5. If not effective on the date of filing, enter the effective date: 1/15/06 12. (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Signed this 15 th day of November 2006

Signature of Authorized Person:

Printed Name: Hugo VARCAS Title: MGRM

### Fees:

Certificate of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

Certified Copy:

\$30.00 (Optional)

Certificate of Status:

\$5.00 (Optional)

Page 2 of 2

ARTICLE I - Name: The name of the Limit		y is:	•
WERLD CE (Must end with the words "Li	ASS BARB	ERSHOP L	4C
(Must end with the words "Li "L.C.,")	mited Liability Company, "	Limited Company" or their	abbreviation "LLC," or
ARTICLE II - Addre The mailing address as Liability Company is:		ne principal office of	the Limited
Principal Office Add	ress:	Mailing Addr	ess:
216 SOUTH	MAIN ST	Pa Bak	374
216 SOUTH		<u>,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
		• .	
ARTICLE III - Regis: Signature: (The Limited Liability Comparindividual or another business entity with an active	tered Agent, Registe	ered Office, & Regis	tered Agent's
ARTICLE III - Regist Signature: (The Limited Liability Comparindividual or another business entity with an active) The name and the Flori	tered Agent, Registerny cannot serve as its own R Florida registration.) da street address of the	ered Office, & Regis egistered Agent. You must on the registered agent ar	tered Agent's
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ARTICLE III - Regist Signature: (The Limited Liability Comparindividual or another business entity with an active) The name and the Flori	tered Agent, Registerny cannot serve as its own Reflorida registration.)  da street address of the Hugo Van Na	ered Office, & Regis  degistered Agent. You must of the registered agent are  RGAS ame  MOIN ST  O. Box NOT accept.	designate an ALLAHASSEE, FLORIDA able)

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, FX.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
m/	HUGO VARGAS
MGRM	20 80 x 374
(/	LABELLE FL 33975
W MGR	
MER	NATASHA VARGAS
	Po Bot 374
	LABELLE FL 33975
	(Use attachment if necessary)
	(Use attachment if necessary)
	`
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effective date is listed, the date ess days prior to or 90 days after  REQUIRED SIGNATURE:  Signature of a member or a distribution of this document constitutes	must be specific and cannot be more than five the date of filing.)  SECRETARY  AND  AND  ON  ON  ON  ON  ON  ON  ON  ON  ON

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)