40700048708

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
•
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: <u>KRISTINA</u> + L (Name of Resulting	OUSE'S DESIGNS, INC. g Florida Limited Company)
The enclosed Certificate of Conversion, A convert an "Other Business Entity" into a accordance with s. 608.439, F.S.	articles of Organization, and fees are submitted to "Florida Limited Liability Company" in
Please return all correspondence concerning	ng this matter to:
KRISTIM WIZ (Contact Person)	1ck
KRISTINA + LOUISE'S (Firm/Company)	DESIGNS
4641 CATHERINE ST (Address)	2001 MAY SECRETA TALLAHA
NEW PORT RICHEY, FL (City, State and Zip Code)	AY -4 D HASSEE, F
For further information concerning this ma	atter, please call: $ \begin{array}{ccc} $
(Name of Contact Person)	at (721) 451 51 FF 29 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amo	unt:
\$150.00 Filing Fees \$25 for Conversion & \$125 for Articles of Organization) \$\$ \$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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: KRISTINA + LOUISE'S DESIGNS INC
(Enter Name of Other Business Entity)
(Enter Name of Other Dustites Entity)
2. The "Other Business Entity" is a S - COKP 5
(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 FLORIDAGE 1
(Enter state, or if a non-U.S. entity, the name of the country)
on JAHUARY 06,2003
(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:
N/A - STILL A FLORIDA BUSINESS.
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
KRISTINA + LOUSE'S DESIGNS, LLC.
(Enter Name of Florida Limited Liability Company)

Page 1 of 2

5. If not effective on the date of filing, enter the ef (The effective date: 1) cannot be prior to nor m document is filed by the Florida Department of effective date listed in the attached Articles of C listed therein.)	ore than 90 days aft State; <u>AND</u> 2) must	er the date this be the same as the
Signed this 19 day of APRIL	<u> 20 0 7 .</u>	
Signature of Authorized Person: Kustin Printed Name: KUSTIM WIRLATITE	awiniek	<u></u>
Printed Name: KRISTINA WIRIGHTINE	: OWNER/PR	LESIDENT
Fees: Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	FILE 2001 MAY - 4 P SECRETARY OF TALLAHASSEE, FI
Page 2 of		D I: 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company, "Limited "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the pri Liability Company is:	ncipal office of the Limited
Principal Office Address:	Mailing Address:
4647 CATHERINE ST. NEW PORT RICHEY, FL 34652	A647 CATHERINEST NEW PORT RICHEY, 34652
ARTICLE III - Registered Agent, Registered Signature: (The Limited Liability Company cannot serve as its own Registe individual or another business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:

Name

A647 CATHERINE ST. AFF

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

City, State, and Zip

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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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)