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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #	·)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
		,
		MIL
	Office Use Only	7 1118



05/10/07--01040--014 **185.00

COVER LETTER

TO: Registration Section Division of Corporations

2661 Executive Center Circle

Tallahassee, FL 32301

SUBJECT: Floral Creations By Barbie, LLC

(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

Barbara Ann Brooks	
(Contact Person)	
Floral Creations By Barbie, LL	C
(Firm/Company)	
17262 Mellen Lane	
(Address)	
Jupiter, Florida 33478	
(City, State and Zip Code	
For further information concerning this management Barbara Ann Brooks (Name of Contact Person) Enclosed is a check for the following amount of the second s	at (954) 410-2872
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\begin{array}{lll} \$155.00 Filing Fees and Certificate of Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

O7 MAY IO AMII: 18

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: Floral Creations By Barbie, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation
(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)
on February 24, 1997
(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:
Floral Creations By Barbie, LLC

(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: 1) cannot be prior to nor modocument is filed by the Florida Department of Seffective date listed in the attached Articles of Orlisted therein.)	re than 90 days after the date tate; <u>AND</u> 2) must be the sar	ne as the
Signed this 1 day of May	_20_07	
Signature of Authorized Person: Bangar	en Ann Boot	12
Printed Name: Barbara Ann Brooks Title:	Manager	
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)	07 HAY IO AM II: 18 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Page 2 of 2

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Floral Creations By Barbie, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

Mailing Address:

ARTICLE II - Address:

Principal Office Address:

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

17262 Mellen Lane			17262 Mellen Lane		
Jupiter, Florida 33478			Jupiter, Florida 33478		
ARTICLE III - R	egistered Agent, R	Registered	Office, & Registered	Agent's	
individual or another	ompany cannot serve as it	_	ered Agent. You must designate	SECRETA TALLAHAS	
The name and the l	Florida street addre	ss of the re	egistered agent are:	### ###	
	Barbara Ann	Brooks		- 1033 115 40	
	17262 Meller	Name Lane		AGE AGE	
	Florida street addı	ress (P.O.	Box NOT acceptable)	-	
	Jupiter,		_{FL} 33478		
		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

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

MGR	Barbara Ann Brooks	
	17262 Mellen Lane Jupiter, Florida 33478	
	Suprior, Florida 00470	
		, , ,
		Acc
		HAKSE:
	(Use attachment if necessary)	000
E V: Effective date, if other than th	e date of filing:	RIPA HDA
VAL) Sective date is listed, the date must days prior to or 90 days after the construction of the construc	t be specific and cannot be more that date of filing.)	
VAL) Fective date is listed, the date must days prior to or 90 days after the date must days prior to or 90 days after the date must day after the days prior to or 90 days after the days prio	t be specific and cannot be more tha	oer.
VAL) Fective date is listed, the date must days prior to or 90 days after the date must days prior to or 90 days after the date must day after the days prior to or 90 days after the days prio	t be specific and cannot be more that date of filing.) Leave Leav	oer.
Signature of a member or an authat the facts s Barbara Ann Brooks	t be specific and cannot be more that date of filing.) Leave Leav	oer.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)