# L07000082712

(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:
Ls
1 300 2010

Office Use Only



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2007 AUG 10 PH 4: 39
SECRETARY OF STATE
AHASSEE, FLORIDA

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### **COVER LETTER**

_	tion Section of Corporations		
SUBJECT:	(Name of Resulting	olce Events g Florida Limited Company	3
convert an "Oth	ertificate of Conversion, A er Business Entity" into a a s. 608.439, F.S.	•	
Please return al	correspondence concernir	ng this matter to:	
<u>Nake</u> L	Isha B. Coving (Contact Person) 2 Dolce Even (Firm/Company)	gton	
	(Firm/Company)		
766	Kings Core Co	t	
Orl	(City, State and Zip Code)	07	
For further info	rmation concerning this ma	atter, please call:	
Nake (Name of	isha Covington Contact Person)	_at ( <u>407</u> <u>3</u> (Area Code and D	84.6140 aytime Telephone Number)
Enclosed is a ch	eck for the following amou	unt:	
\$150.00 Filing I (\$25 for Conversion & \$125 for Article of Organization)	n and Certificate of	\$180.00 Filing Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADD Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	etion porations Center Circle	MAILING A Registration Division of C P. O. Box 63 Tallahassee,	Section Corporations 27



August 1, 2007

NAKEISHA B. COVINGTON 766 KINGS COVE COURT ORLANDO, FL 32807

SUBJECT: LA DOLCE EVENTS, LLC

Ref. Number: W07000037249

We have received your document for LA DOLCE EVENTS, 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6967.

Letter Number: 107A00047644

Leslie Sellers Document Specialist

# **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: La Dolce Events GOTIPPI 10005				
(Enter Name of Other Business Entity)				
2. The "Other Business Entity" is a <u>Sole Proprietorship</u> .  (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				
on July 11, 07 (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:				
<u>Florida</u>				
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:				
La Dolce Events, L.L.C.				
(Enter Name of Florida Limited Liability Company)				

Page 1 of 2

Signed this <u>25</u> day of <u>July</u> 20 07

Signature of Authorized Person:

Printed Name: Nakersha CovingtonTitle: Dwner / CEO

## 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

## 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," the "LLC.")	abbreviation "L.L.C.," or the designation
ARTICLE II - Address: The mailing address and street address of the Liability Company is:	principal office of the Limited
Principal Office Address:	Mailing Address:
766 Kings Cove Ct Orlando, Fl. 32807	P.O. Box 678701 Orlando, Fl. 32867
ARTICLE III - Registered Agent, Register Signature: (The Limited Liability Company cannot serve as its own Reindividual or another business entity with an active Florida registration.)	, 5
The name and the Florida street address of the	ne registered agent are:
Nakeisha t Na 7lelo kina Florida street address (P	3. Covington ume s Cove Ct O. Box NOT acceptable)
Orlando City, S	FL 32807 tate, and Zip
Having been named as registered agent and	

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:

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a B. Covingtings Cove Ct
if necessary)
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