# 10000052796

·
(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:

Office Use Only



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DIVISION OF CORPORATION

T. HAMPTON MAY 17 2010

EXAMINER

### **COVER LETTER**

Registration Section

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporation	18
SUBJECT: Heaven	ne of Resulting Florida Limited Company)
	nversion, Articles of Organization, and fees are submitted to tity" into a "Florida Limited Liability Company" in S.
Please return all correspondence	the concerning this matter to:  11946 Grea Dr Home  Orlando FL 328247 address
Heaven Heaven Heaven (Firm/Co.) (Adda (Add	enly luke Tattoo Incompany)  ge Blosson Trail Suite B  ress)
. 1	nd Zip Code)  LO   Community of the control of the
For further information concern	ning this matter, please call:
(Name of Contact Person)	at (401) 810-2158 (cell#) (Area Code and Daytime Telephone Number)
Enclosed is a check for the foll	owing amount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	D Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	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: Heavenly luke Tattoo, luc.			
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)			
first organized, formed or incorporated under the laws of FL USA  (Enter state, or if a non-U.S. entity, the name of the country)			
(Enter state, or if a non-U.S. entity, the name of the country)			
on November 8, 2005 (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:			
Heavenly Inkz Tattoo, LLC (Enter Name of Florida Limited Liability Company)			
5. If not effective on the date of filing, enter the effective date:  (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 1st day of May	20 <b>1O</b>		
Signature of Member or Authorized Represent	ative of Limited Liability Company:		
Signature of Member or Authorized Representative Printed Name:	Title: Partner		
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]			
Signature:			
Signature:	Title: Partner		
Signature:			
Signature:Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:			
Signature: Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
If Florida Corporation:			
Signature of Chairman, Vice Chairman, Director, or			
If Directors or Officers have not been selected, an In	corporator must sign.		
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ity Partnership:		
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ity Limited Partnership:		
All others: Signature of an authorized person.			
Fees:			

TOWN BY LORROWALL

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Certificate of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

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

#### **ARTICLE II - Address:**

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

Principal Office Address:	Maning Address:
11757 South Orange Blossom Trail	€ Same
SuiteB.	
Ochuda FL 32837	

# ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Name
11946 Greco Dr
Florida street address (P.O. Box NOT acceptable)

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Ester Kim 11946 Gyroco Dr Orlando FL 32824
MGRM	Alfredo Lugo Ir 11946 Greco Dr Orlando FL 32824
<del></del>	
ARTICLE V: Effective date, if other that	(Use attachment if necessary)  n the date of filing:  (OPTIONAL)
document is filed by the Florida Depar	to nor more than 90 days after the date this rtment of State; AND 2) must be the same as ed Certificate of Conversion, if an effective
REQUIRED SIGNATURE:	

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Ester Kim

Typed or printed name of signee

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)

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