

L10000053995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

S18062

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

MAY 19 2010

EXAMINER

Office Use Only



200180197842

05/11/10--01010--017 **185.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAY 18 PM 2:19

FILED

May 2010

To Whom it May Concern:

We are converting our S Corporation to a LLC. On Saturday May 1, 2010 we attempted via computer to change the filing status with the State of Florida to no avail. On Sunday, May 2, 2010 we tried again, still were not able to. On Monday we accessed the website and there was a disclaimer put on the website advising the website would not be available until Tuesday May 4, 2010. We attempted to call numerous times on Monday and Tuesday, unable to reach anyone. Finally on Wednesday May 5, 2010 my husband was able to contact a employee who advised due to the number of computer requests and phone requests, it would simplify matters if we made sure the paperwork was correct and mail it in to the State of Florida. We were concerned about any penalties at that point in time and she advised due to the computer problems and numerous phone calls the State of Florida office had incurred, no penalties would be incurred by us. I am sending this letter along with the paperwork so there is no misunderstanding on your part about why our paperwork has been submitted by mail and after the 1st of May.

Sincerely,



Olivia Charlton, President
Champagne Taste
302 Brevard Avenue
Cocoa, Florida 32922

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2010 MAY 18 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Champagne Taste

(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:

Olivia Charlton

(Contact Person)

Champagne Taste

(Firm/Company)

302 Brevard Ave.

(Address)

Coacoa, FL 32922

(City, State and Zip Code)

otres@aol.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Olivia Charlton

at (321) 631-1747

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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

☐ \$185.00 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:
Champagne Taste, INC.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a S Corporation
(Enter entity type. Example: corporation, limited partnership,
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 June 1, 2002

(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**:

Champagne Taste

(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.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Signed this 4 day of May 2010.

Signature of Member or Authorized Representative of Limited Liability Company:

Signature of Member or Authorized Representative: Olivia S. Charlton

Printed Name: Olivia S. Charlton

Title: General Partner

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Phillip A. Charlton

Printed Name: Phillip A. Charlton

Title: General Partner

Signature: Jennifer N. Charlton

Printed Name: Jennifer N. Charlton

Title: General Partner

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

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)

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Champagne Taste, L.L.C.

(Must end with the words "Limited 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:

302 Brevard Ave. Cocoa, FL 32922

Mailing Address:

302 Brevard Ave. Cocoa, FL 32922

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:

Phillip A. Charlton

Name

302 Brevard Ave.

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

Cocoa

FL 32922

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)

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TALLAHASSEE, FLORIDA

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Olivia S. Charlton

1360 Lester Ct.

Merritt Island, FL 32952

MGRM

Phillip A. Charlton

1360 Lester Ct.

Merritt Island, FL 32952

MGRM

Jennifer N. Charlton

1360 Lester Ct.

Merritt Island, FL 32952

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____.

(OPTIONAL)

(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 Certificate of Conversion, if an effective date is listed therein.)

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.)

OLIVIA S. CHARLTON

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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TALLAHASSEE, FLORIDA

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