L11000054397

(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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2011 MAY -5 AM IOLEI SECRETARY DESTATE

C. LEWIS MAY - 9 2011 EXAMINER

COVER LETTER

TO: Registration Section	
SUBJECT: A Mother's Friend Company (Name of Resulting Florida Limited Company)	LLC
The enclosed Certificate of Conversion, Articles of Organization, and fees are subn "Other Business Entity" into a "Florida Limited Liability Company" in accordance	
Please return all correspondence concerning this matter to:	
Denise L. Caruso Breast Beginnings Lactation Consulting Group, (Firm/Ompany)	Inc
7567 Wentworth Drive	
Lake Worth F1 33467-7811 (City, State and Zip Code) Casa Caruso @ Comcast. net E-mail address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
Denise Caruso at (561) 470-56 (Name of Contact Person) (Area Code and Daytime Telephone Num	33 mber)
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 \$185.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status	d
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	

FH.ED

Certificate of Conversion For

"Other Business Entity"

Into

Florida Limited Liability Company

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SECRETARY OF STATES
TALLAHASSEE FLORIDA

This Certificate of Conversion <u>and attached Articles of Organization</u> 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: Dreast Beginnings Lactation Consulting Group, INC (Enter Name of Other Business Entity) Po 700009182 2. The "Other Business Entity" is a Corporation				
Dreast Deginnings Lactation Consulting Group, Lac				
(Enter Name of Other Business Entity) 72009182				
2. The "Other Dusiness Entiry" in a Connect time (PO)				
(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 August 10, 2007. (Enter date "Other Business Entity" was first organized, formed or incorporated)				
(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				
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of				
Organization:				
A Mothers triend Company LLC				
A Mother's Friend Company 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.)				
6. The conversion is permitted by the applicable law(s) governing the other business entity and the				
conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.				

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

Signed this 1st day of May	20_1\		
Signature of Member or Authorized Rep	presentative of Limited Liability Company: ated in this document are true. Any false info		
Signature of Member or Authorized Representations Printed Name: Denise L. Carusc	sentative: Denish Cano	- -	
this document are true. Any false informa s.817.155, F.S./See below for required sign	Entity: Individual(s) signing affirm(s) that the tion constitutes a third degree felony as provious nature(s).]	ded for in	
Signature: Louise L. Caru	so Title: Incorporator/Pres	- sident	
Signature:Printed Name:	Title:		
Signature:Printed Name:	Title:	-	
Signature:Printed Name:	Title:		
Signature:Printed Name:	Title:	SEG FALLS	2 8 H
Signature:	Title:	HAR S	HY-5
If Florida Corporation: Signature of Chairman, Vice Chairman, Dire If Directors or Officers have not been selecte		OLSTATE E. FLORIDA	
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:	•	
If Florida Limited Partnership or Limited Signatures of <u>ALL</u> General Partners.	Liability Limited Partnership:		
All others: Signature of an authorized person.			
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) Page 2 of 2		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
A Mother's Friend Company LLC (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: Mailing Address: A Mother's Friend Company We
Principal Office Address: Mailing Address: A Mother's Friend Company UC 7567 Wentworth Drive 7567 Wentworth Drive
Principal Office Address: Mailing Address: A Mother's Friend Company UC 7567 Wentworth Drive 7567 Wentworth Drive Lake Worth, FL 33467-7811 Lake Worth Florida 33467-7811

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

Denise L. Caruso

Name

7567 Wentworth Drive

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

ake Worth, FL 33467-7811 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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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

SEGRETARY OF STATE

<u>Title:</u> "MGR" = Manager "MGRM" = Managing	Name and Address: Member	SOCE, FLURI
MGR	Denise L. Ca. 7567 Wentworth Lake Worth, FL	ruso 33467-7811
(Use attachment if nece	essary)	
The effective date: 1) canno he Florida Department of S	e, if other than the date of filing: (OPTIONAL) of be prior to nor more than 90 days after the date State; AND 2) must be the same as the effective d f an effective date listed therein.)	this document is filed by
REQUIRED SIGNATURE	nich Caro	
(In accordance with section the penalties of perjury that document to the Departmen	608.408(3), Florida Statutes, the execution of this document of the facts stated herein are true. I am aware that any false infont of State constitutes a third degree felony as provided for in s Typed or printed name of signee	rmation submitted in a s.817.155, F.S.)