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| (Re | equestor's Name) | |
|-------------------------|-------------------|-----------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | = #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
AHASSEF, FI ORIDA

J. BRYAN

MAY - 9 2011

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| |
| SUBJECT: Oand A Secret Obclety, 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: |
| APRIL COBB |
| Sand A Secret Society, LLC |
| Sand A Secret Society, LLC (Firm/Company) |
| |
| 9624 N. Hartts Dr. (Address) |
| |
| Tampa, Florida 33617 |
| |
| april@secretsocietyevents.com |
| E-mail address: (to be used for future amual report notifications) |
| For further information concerning this matter, please call: |
| APRIL (OBB at (813) 849 3214 |
| (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 Certified Copy Status \$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status |
| STREET ADDRESS: MAILING ADDRESS: |
| Registration Section Registration Section |
| Division of Corporations Clifton Building Division of Corporations P. O. Box 6327 |
| Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 |

Tallahassee, FL 32301

Certificate of Conversion For

"Other Business Entity" Into





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 riving of this Certificate of |
|--|
| Conversion is: Sand A Secret Society Incorporated # P07000091526 (Enter Name of Other Business Entity) |
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a 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 FIORIDA |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| on August 15,2007 |
| (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: |
| Sand A Secret Society, 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 30 th day of Apri | 20_11 | |
|--|---|--------------|
| | resentative of Limited Liability Company: ated in this document are true. Any false infoed for in s.817.155, F.S. | |
| Signature of Member or Authorized Representation Name: APRIL COBB | rentative: Title: CEO , Presiden | _ _ |
| this document are true. Any false informat s.817.155, F.S. [See below for required sign | | |
| Signature: Kia Halder Printed Name: KIA HOLDER | | |
| Printed Name: KA HOLDER | Title: Vice President | _ |
| Signature: | | |
| Printed Name: | Title: | - <u></u> |
| Signature: | | 門主力 |
| Signature:Printed Name: | | 一路 二 |
| Signature | Title: | SS |
| Printed Name: | Title: | |
| C: | | RY OF STATE |
| Printed Name: | Title: | |
| | | • |
| Signature:Printed Name: | Title: | |
| | | - |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Direction | ctor or Officer | |
| If Directors or Officers have not been selecte | | |
| If Florida General Partnership or Limited | Liability Doutnouching | |
| Signature of one General Partner. | Liability Farthersing. | |
| If Florida Limited Partnership or Limited Signatures of ALL 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: |
| Sand A Sccret Society, 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: |
| 9624 N. Hartts Dr. 9624 N. Hartts Dr. Tampa, Fl. 33617 |
| 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: |
| APRIL COBB |
| Name |
| 9624 N. Hartts Dr |
| Florida street address (P.O. Box NOT acceptable) |
| Tampa F1 33617 |
| Tampa FL 33617 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) |

Page 1 of 2

(CONTINUED)

| A | RTI | CLE | E IV- | Manager(s) or | ·Managing | Member(s) | : |
|---|-----|-----|-------|---------------|-----------|-----------|---|
|---|-----|-----|-------|---------------|-----------|-----------|---|

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

| <u>Title:</u> | Name and Address: |
|--|---|
| "MGR" = Manager "MGRM" = Managing | Member |
| Mgr | APRIL COBB 9624 N. Hartfs Dr Tampa FL 33617 |
| Mgrm | Kia Holder 5002 Landstar way Tampa of 1 33647 SSECTION TO THE TO THE TO THE TOTAL |
| (Use attachment if nece | SSATY) |
| The effective date: 1) canno ne Florida Department of S | if other than the date of filing: (OPTIONAL) t be prior to nor more than 90 days after the date this document is filed by state; <u>AND</u> 2) must be the same as the effective date listed in the attached an effective date listed therein.) |
| EQUIRED SIGNATURE | |
| - | ember or an authorized representative of a member. |
| the penalties of perjury that | 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the facts stated herein are true. I am aware that any false information submitted in a t of State constitutes a third degree felony as provided for in s.817.155, F.S.) |
| · | Typed or printed name of signee |
| | Typed or printed name of signee |