L11000059716

(Req	uestor's Name)	
(Add	ress)	
bbA)	ress)	
(City)	/State/Zip/Phone	e #)
PICK-UP		MAIL
(Busi	iness Entity Nar	me)
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer	

Office Use Only



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SECRETARY OF STATE FALLAHASSEE, FLORID!

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C. LEWIS

MAY 20 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 4, 2011

MARGARET GACHELIN 20444 NW 11TH AVE. MIAMI GARDENS, FL 33169

SUBJECT: ALL ABOUT BLU, LLC. Ref. Number: W11000024879

We have received your document for ALL ABOUT BLU, LLC. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

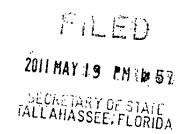
Letter Number: 811A00010902

COVER LETTER

Tallahassee, FL 32301

TO: Registration Section Division of Corporations	
SUBJECT: ALL ABOUT BLU, LL	_C.
(Name	of Resulting Florida Limited Company)
The enclosed Certificate of Conversion, "Other Business Entity" into a "Florida	Articles of Organization, and fees are submitted to convert an Limited Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence concern	ning this matter to:
MARGARET GACHELIN	
(Contact Person)	
(Firm/Company)	
20444 NW 11TH AVE.	
(Address)	
MIAMI GARDENS, FL 33169	
(City, State and Zip Cod	e)
MARGARETGACHELIN@GMAIL	COM
E-mail address: (to be used for future annual rep	ort notifications)
For further information concerning this	matter, please call:
MARGARET GACHELIN	at (786) 383-5710
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following am	nount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\sqrt{\$155.00 Filing Fees} \text{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	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314

Certificate of Conversion For "Other Business Entity" Into Florida Limited Liability Company



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: ALL ABOUT BLU, INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION Plocoo 64749 (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 8/6/2010 (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:
ALL ABOUT BLU, 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 <u>28TH</u> day of <u>APRIL</u>	20_11	
Signature of Member or Authorized Rel Individual signing affirms that the facts st constitutes a third degree felony as provid	ated in this document are true. Any false	
Signature of Member or Authorized Repre Printed Name: MARGARET GACHELIN	sentative: Mougand Jacher Title: PRESIDENT	<u>h</u>
Signature(s) on behalf of Other Business I this document are true. Any false informa s.817.155, F.S. [See below for required signature]	tion constitutes a third degree felony as p	et the facts stated in provided for in
Signature: Margaret Gachel. Printed Name: Margaret Gachel.	Title: President	
Signature:		
Signature:Printed Name:	Title:	
Signature:Printed Name:		
Signature: Printed Name:		<u> </u>
		7.50
Signature:Printed Name:		AS T
Signature: Printed Name:	TVI	
rrinted Name:	I itle:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Direct Management of Chairman, Proceedings of Control of Chairman, Proceedings of Chairman, Proceedin		Þ
If Directors or Officers have not been selecte		
If Florida General Partnership or Limited Signature of one General Partner.		
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

The name of the Limited Liability Company is:	
ALL ABOUT BLU, LLC. (Must end with the words "Limited Liability Company, the abbrevi	ation "L.L.C.," or the designation "LLC.")
ARTICLE II - Address: The mailing address and street address of the princ	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
20444 NW 11TH AVE.	20444 NW 11TH AVE.
MIAMI GARDENS, FL 33169	MIAMI GARDENS, FL 33169
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	ffice, & Registered Agent's Signature: Agent. You must designate an individual or another
The name and the Florida street address of the regi	stered agent are:
MARGARET GACHELI	N Iame
N	Iame LARMAN
20444 NW 11TH AVE	SSE SE

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

MIAMI GARDENS,

ARTICLE I - Name:

FL 33169

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.

Macentel (xchel)
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED

		anager(s) or Manag ress of each Manager	ing Member(s): or Managing Member	28/1 HAY 19 is as follows:	PH 18 57
	<u>Title:</u> "MGR" = Manager		and Address:	TALLAHASSEE	GF-STATE FLORIDA
	"MGRM" = Manag				7,
			*		
				······	
	(Use attachment if	necessary)			
AR'	FICLE V: Effective	date, if other than the	date of filing:		
			(OF	TIONAL)	
				fter the date this document e effective date listed in t	
	tificate of Conversio			e effective date usted to t	ne attached
D ES	OLUBER CICNATI	ID E	,		
KE	<u>QUIRED</u> SIGNATU	KE:			
		17 /	10.15		
	Enfor	enil Gues			
	Signature o	t a member or an autho	orized representative of a i	nember.	
	the penalties of perjury	that the facts stated her	ein are true. I am aware that	his document constitutes an affi- any false information submitte ovided for in s.817.155, F.S.)	rmation under d in a
	MARGA	RET GACHELIN	N		
	<u> </u>	Typed or pr	inted name of signee		