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PICK-UP	☐ WAIT	MAIL
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C. LEWIS

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EXAMINER

# **COVER LETTER**

SUBJECT: Sandollar Accessories, 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:  Nathan D. Boyles, Attorney  (Contact Person)  Nathan D. Boyles, P.A.  (Firm/Company)  204 N. Main Street  (Address)  Crestview, Florida 32536  (City, State and Zip Code)  nathan@crestview-law.com  E-mail address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Nathan D. Boyles, Attorney  (Name of Contact Person)  Enclosed is a check for the following amount:  11515.00 Filing Fees (325 for Conversion & and Certificate of Status  11515.00 Filing Fees and Certificate of Status  STREET ADDRESS:  Registration Section Division of Corporations  Clifton Building  P. O. Box 6327  Tallahassee, FL 32314	Division of Corporations		
(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:  Nathan D. Boyles, Attorney (Contact Person)  Nathan D. Boyles, P.A.  (Firm/Company)  204 N. Main Street  (Address)  Crestview, Florida 32536 (City, State and Zip Code)  nathan@crestview-law.com  E-mail address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Nathan D. Boyles, Attorney (Name of Contact Person)  Enclosed is a check for the following amount:  3150.00 Filing Fees (325 for Conversion Status of Organization)  STREET ADDRESS:  Registration Section Division of Corporations Clifton Building P. O. Box 6327 Tallahassee, FL 32314	SUBJECT: Sandollar Accessorie	es, LLC	
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Contact Person	Please return all correspondence concern	ning this matter to:	
Nathan D. Boyles, P.A.  (Firm/Company)  204 N. Main Street  (Address)  Crestview, Florida 32536  (City, State and Zip Code)  Nathan@crestview-law.com  E-mail address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Nathan D. Boyles, Attorney  (Name of Contact Person)  (Name of Contact Person)  Enclosed is a check for the following amount:  \$150.00 Filing Fees (\$25 for Conversion & \$155.00 Filing Fees and Certificate of Status of Organization)  \$TREET ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P. O. Box 6327  Tallahassee, FL 32314	Nathan D. Boyles, Attorney		
(Firm/Company)  204 N. Main Street  (Address)  Crestview, Florida 32536  (City, State and Zip Code)  nathan@crestview-law.com  E-mail address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Nathan D. Boyles, Attorney  at (850) 689-8505  (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 for Articles of Organization  STREET ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P. O. Box 6327  Tallahassee, FL 32314	(Contact Person)		
Crestview, Florida 32536  City, State and Zip Code)  nathan@crestview-law.com  E-mail address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Nathan D. Boyles, Attorney (Name of Contact Person)  Enclosed is a check for the following amount:    \$150.00 Filing Fees	Nathan D. Boyles, P.A.		
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Crestview, Florida 32536  (City, State and Zip Code)  nathan@crestview-law.com  E-mail address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Nathan D. Boyles, Attorney  (Name of Contact Person)  (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 & \$185.00 Filing Fees and Certified Copy & Certified Copy, and Certificate of Status of Organization)  STREET ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P. O. Box 6327  Tallahassee, FL 32314	204 N. Main Street		
City, State and Zip Code	(Address)		
nathan@crestview-law.com  E-mail address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Nathan D. Boyles, Attorney  at (850) 689-8505  (Name of Contact Person)  Enclosed is a check for the following amount:  \$\frac{\$150.00 \text{ Filing Fees}}{\$155.00 \text{ Filing Fees}} \frac{\$\$180.00 \text{ Filing Fees}}{\$and \text{ Certified Copy, and Certificate of Status}} \frac{\$\$125 \text{ for Articles}}{\$Status} \frac{\$\$MAILING \text{ ADDRESS:}}{\$Registration Section} \frac{\$\$Registration Section}{\$Division of Corporations} \frac{\$\$Division of Corporations}{\$\$Clifton Building} \frac{\$\$P. O. Box 6327}{\$\$Tallahassee, FL 32314}	Crestview, Florida 32536		
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Nathan D. Boyles, Attorney  (Name of Contact Person)  Enclosed is a check for the following amount:  \$\frac{150.00 \text{ Filing Fees}}{255 \text{ for Conversion}} \frac{155.00 \text{ Filing Fees}}{255 \text{ for Articles}} \frac{1515.00 \text{ Filing Fees}}{255 \text{ for Articles}} \frac{1515.00 \text{ Filing Fees}}{255 \text{ for Articles}} \frac{15180.00 \text{ Filing Fees}}{255 \text{ and Certified Copy}} \frac{15180.00 \text{ Filing Fees}}{255 \text{ for Articles}} \frac{15180.00 \text{ Filing Fees}}{255 \text{ for Articles}} \frac{15180.00 \text{ Filing Fees}}{255 \text{ and Certified Copy}} \frac{15180.00 \text{ Filing Fees}}{25100 \text{ For Articles}} \frac{15180.00 \text{ Filing Fees}}{25100 \text{ Filing Fees}} \		ort notifications)	
(Name of Contact Person)  Enclosed is a check for the following amount:  \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$TREET ADDRESS:  Registration Section Division of Corporations Clifton Building Central Person  (Area Code and Daytime Telephone Number)  \$185.00 Filing Fees, \$185.00 Filing Fees, Certified Copy, and Certified Copy, and Certificate of Status  **ABJUNG ADDRESS:**  Registration Section Division of Corporations Clifton Building P. O. Box 6327  Tallahassee, FL 32314	For further information concerning this n	matter, please call:	
(Name of Contact Person)  Enclosed is a check for the following amount:  \$150.00 Filing Fees (\$25 for Conversion & \$155.00 Filing Fees and Certificate of Status of Organization)  \$TREET ADDRESS:  Registration Section Division of Corporations Clifton Building Certificate Of Status  (Area Code and Daytime Telephone Number)  \$185.00 Filing Fees, Certified Copy, and Certified Copy, and Certificate of Status  Certificate of Status  MAILING ADDRESS:  Registration Section Division of Corporations Clifton Building P. O. Box 6327  Tallahassee, FL 32314	Nathan D. Boyles, Attorney	at ( 850 ) 689-8505	
\$150.00 Filing Fees (\$25 for Conversion & \$155.00 Filing Fees and Certificate of Status (\$25 for Articles of Organization)  STREET ADDRESS:  Registration Section Division of Corporations Clifton Building Certificate of Status  MAILING ADDRESS:  Registration Section Division of Corporations Clifton Building P. O. Box 6327 Tallahassee, FL 32314	(Name of Contact Person)		
(\$25 for Conversion and Certificate of \$125 for Articles of Organization)  STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle  Pand Certified Copy Certified Copy, and Certificate of Status  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	Enclosed is a check for the following ame	nount:	
Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP. O. Box 63272661 Executive Center CircleTallahassee, FL 32314	(\$25 for Conversion and Certificate of & \$125 for Articles Status	and Certified Copy Certified Copy, and	
Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314	STREET ADDRESS:	MAILING ADDRESS:	
Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314			
2661 Executive Center Circle Tallahassee, FL 32314			
	Tallahassee, FL 32301	1 ananassee, 1 L 32317	

### **Certificate of Conversion**

For

## "Other Business Entity"

Into

#### Florida Limited Liability Company

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SECKE JARY OF STATE
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:  Sandollar Accessories, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation Plococo 37249  (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 April 29, 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:
N/A
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Sandollar Accessories, LLC
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date: date of filing  (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.

· 1		
Signed this <u>06</u> day of <u>October</u>	20_11	
Signature of Member or Authorized Re	presentative of Limited Liability Company:	
Individual signing affirms that the facts st	ated in this document are true. Any false info	rmation
constitutes a third degree felony as provid		
Signature of Member or Authorized Repre	sentative: Christypa Dass	_
Printed Name: Sherry Ross	Title: Mariager of Straight Wake, LLC	_
Clause (a) and hallotte (COI) Delication		
	Entity: Individual(s) signing affirm(s) that the tion constitutes a third degree felony as provi	
s.817.155, F.S. [See below for required sig	nature(s).l	uca for in
Signature: Muy 90) 0.5	/ Title: <u>President</u>	_
Printed Name: Sherry Ross	Title: <u>President</u>	_
Signature:	60.1	-
Printed Name:	Title:	-
Signature:		
Printed Name:	Title:	-
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Printed Name:	Title:	ME: 39
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If Florida Corporation:	0.00	
Signature of Chairman, Vice Chairman, Dire If Directors or Officers have not been selected	cior, or Officer.	
if Directors of Officers have not been selecte	d, 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 <u>ALL</u> 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)	
	Page 2 of 2	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:				
Sandollar Accessories, 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:			
981-3 Hwy. 98 E.	981-3 Hwy. 98 E.			
#234	#234			
Destin, Florida 32541	Destin, Florida 32541			
(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:				
Nathan D. Boyles, Attor	ney Ass E			
N	ame -			
204 N. Main St.	ney ame  781 NOV 28  O Box NOT acceptable)			
Florida street address (P.				
Crestview	FL 32536			
City, Sta	FL 32536  Ite, 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				

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

FILED

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		2011 NOV 28 PM 12: 39
		SECRETARY OF STATE TALLAHASSEE, FLORIDA
MGRM	Straight Wake, LLC 981-3 Hwy. 98 E., #234 Destin, Florida 32541	
(Use attachment if necessa	ту)	
	other than the date of filing: (OPTIONAL)	
e effective date: 1) cannot b Florida Department of Stat	e prior to nor more than 90 days after the date the e; <u>AND</u> 2) must be the same as the effective date effective date listed therein.)	is document is filed by
QUIRED SIGNATURE:		
Signature of a memi	per or an authorized representative of a member.	
	408(3) Florida Statutas, the execution of this document cons	otitutas on offirmation under

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Sherry Ross, as Managing Member of Straight Wake, LLC
Typed or printed name of signee