L13000 111423

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cil	ry/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	· ·
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
	$ \bigcirc $	
: :		





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08/06/13--01010--014 **150.00

2013 AUG -6 AN II: 03

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Whadachick, LLC

TO:

(Name of	Resulting Florida Limite	d Company)
The enclosed Certificate of Conversion, A "Other Business Entity" into a "Florida L		
Please return all correspondence concern	ing this matter to:	
Michael J. Cooper		
(Contact Person)	-	
Attorney		
(Firm/Company)		
321 NW 3rd Ave		
(Address)		
Ocala FI 34475		
(City, State and Zip Code)	
mcooper@michaeljcooper.com		
E-mail address: (to be used for future annual repo	ort notifications)	
For further information concerning this n	natter, please call:	
Michael J. Cooper	at (352)_	732-4500
(Name of Contact Person)	(Area Code and	d Daytime Telephone Number)
Enclosed is a check for the following am	ount:	
\$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:	MAILIN	G ADDRESS:
Registration Section		on Section
Division of Corporations		of Corporations
Clifton Building	P. O. Box	
2661 Executive Center Circle Tallahassee, FL 32301	i aiianass	ee, FL 32314

FILED

Certificate of Conversion

For

"Other Business Entity"

Into

SECRETARY OF STATE TALLAHASSEE, PLORIDA

2013 AUG -6 AM II: 03

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:
Whadachick, Inc (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 Florida
(Enter state, or if a non-U.S. entity, the name of the country)
on <u>January 20, 2011</u> . (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:
<u>N/A</u> .
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Whadachick, 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 / st day of Augus	20 13
Signature of Member or Authorized Reni	resentative of Limited Liability Company:
Individual signing affirms that the facts sta	ted in this document are true. Any false information
constitutes a third degree felony as provide	
Signature of Member or Authorized Represe	entative \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Printed Name: Christina Harper	Title: Managing member
	Title: Managing member
Signature(s) on behalf of Other Business En	ntity: Individual(s) signing affirm(s) that the facts stated in
this document are true. Any false informati	ion constitutes a third degree felony as provided for in
s.817.155, F.S. See below for required sign	ature(s).l
	()
Signature: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Title: President
Printed Name: Christina Harper	Title: President
	T T T T T T T T T T T T T T T T T T T
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
-	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Direc	
If Directors or Officers have not been selected	l, 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.	
n	
Fees:	
0.4000	***
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

Whadachick 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: 1396 NE 20th Ave Suite 300 Ocala, Fl. 34470 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:	The name of the Limited Liability Company is	::
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 1396 NE 20th Ave Suite 300 Ocala, Fl. 34470 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.)	Whadachick LLC (Must and with the words "I imited I inhibity Company, the ab	breviation "LLC" or the designation "LLC")
The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 1396 NE 20th Ave Suite 300 Ocala, Fl. 34470 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.)	(Must end with the words Emined Elabathy Company, the ac-	Dieviation E.E.C., of the designation EEC.
Principal Office Address: 1396 NE 20th Ave Suite 300 Ocala, Fl. 34470 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.)	ARTICLE II - Address:	
1396 NE 20th Ave Suite 300 Ocala, Fl. 34470 Ocala, Fl. 34470 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 mailing address and street address of the p	orincipal office of the Limited Liability Company is:
Suite 300 Ocala, Fl. 34470 Ocala, Fl. 34470 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.)	Principal Office Address:	Mailing Address:
Suite 300 Ocala, Fl. 34470 Ocala, Fl. 34470 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.)	1396 NE 20th Ave	1396 NE 20th Ave
Ocala, Fl. 34470 Ocala, Fl. 34470 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 Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)		Ocala, Fl. 34470
Michael J. Cooper Name	Michael J. Cooper	Name
204 NIM 2nd Ave	204 NIM 2nd Ave	
321 NW 3rd Ave Florida street address (P.O. Box NOT acceptable)		ss (P.O. Box NOT acceptable)
Ocala FL 34475	•	
City, State, and Zip		
Having been named as registered agent and to accept service of process for the above stated limited liabic company at the place designated in this certificate, I hereby accept the appointment as registered agent as 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	Having been named as registered agent and to a company at the place designated in this certifical agree to act in this capacity. I further agree to proper and complete performance of my duties,	accept service of process for the above stated limited liabilit ate, I hereby accept the appointment as registered agent and comply with the provisions of all statutes relating to the and I am familiar with and accept the obligations of my
Registered Agent's Signature (REQUIRED)	Registered	Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

FILED

ARTICLE 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 I	1ember	
MGRM	Christina Harper	
***************************************	1396 NE 20th Ave Suite 300	
	Ocala, Fl. 34470	
	Ocala, 11. 54770	
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(Use attachment if nece	sarv) — — — — — — — — — — — — — — — — — — —	AH II: 03
•	آ م بيد بيد چيني	
ARTICLE V: Effective date.	if other than the date of filing: (OPTIONAL)	ិ ដ
	(OPTIONAL)	
(The effective date: 1) canno	be prior to nor more than 90 days after the date this document is file	ed by
the Florida Department of S	tate; AND 2) must be the same as the effective date listed in the atta	ached
Certificate of Conversion, if	an effective date listed therein.)	
REQUIRED SIGNATURE	۸	
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(V	1 A Ct of Man Con	
	OU JUM WY JOY	
Signature of a m	ember or an authorized representative of a member.	
the penalties of periury that	508.408(3), Florida Statutes, the execution of this document constitutes an affirmation the facts stated herein are true. I am aware that any false information submitted in a tof State constitutes a third degree felony as provided for in s.817.155, F.S.)	ı under
Christins U	arnor.	
<u>Christina H</u>	Typed or printed name of signee	
	Typed of printed name of signee	

Page 2 of 2