14000056788

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
1	P02-88	358
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	APR	- 7 2014
	Α.	LUNT

Office Use Only



000258399600

04/02/14--01015--022 **150.00

COVER LETTER

SUBJECT: THE LO	OOK BEAUTY BAR	LLC					
	(Name	of Resulting Florida	Limite	ed Company)			
			-	nd fees are submitted to ccordance with s. 605.			Other
Please return all corr	espondence concernin	g this matter to:					
TESS GODWIN				•		_,	
	(Contact Person)				77 7 7	1107	
EXPLICIT HAIR T	RENDS INC				jum jum	2014 KFR	i
	(Firm/Company)				202	2-2	
PO BOX 310791	•				333 73		てににい
-	(Address)		r		TT - TT	HA	Ċ
TAMPA FL 33680						ري چي	
(City, State and Zip Code)				4		
jazzeetg@gmail.co	om		_				
E-mail Address: (to b	e used for future annual re	port notifications)					
For further informati	on concerning this ma	tter, please call:					
TESS GODWIN		_at (813	234	-8100			
(Name of Conta	act Person)	(Area Code)	(Day	ytime Telephone Number)			
Enclosed is a check	for the following amou	ınt:					
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified Cop		\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
STREET ADDRES	S:	MAIL	I NG A	ADDRESS:			
Registration Section		•		Section			
Division of Corporat	ions	Divisio	n of C	Corporations			

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Registration Section

Division of Corporations

TO:

Articles of Conversion For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles 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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Article EXPLICIT HAIR TRENDS INC	es of C	onvers	sion is:
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a INC			
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)			
First organized, formed or incorporated under the laws of TAMPA FL	Ī.o	201	- , , , -
O8/14/2002 (Enter state, or if a non-U.S. entity, the	name o	function	untry) -
(date of organization, formation or incorporation)	1884 1884	-2	
3. The name of the Florida Limited Liability Company as set forth in the attached Arti	cles of	Orga	nization:
THE LOOK BEAUTY BAR LLC	100 100 100 100 100 100 100 100 100 100	<u>ූ</u>	المربيبة
(Enter Name of Florida Limited Liability Company)	55	5	
4. If not effective on the date of filing, enter the effective date: 04/07/2014 (The effective date: 1) cannot be prior to date of receipt or filed date nor more that date this document is filed by the Florida Department of State; AND 2) must be the date listed in the attached Articles of Organization, if an effective date is listed there	e same	-	
5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046			

Signed this 31 day of MARCH	_ 20 <u> 14</u>		
Signature of Authorized Representative of Limit			
Signature of Authorized Representative: Printed Name: TESS GODWIN	Title: PRESIDENT	_	
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]		
Signature: Printed Name: TESS GODWIN	Title: PRESIDENT	-	
Signature:		_	
Printed Name:	_ Title:	_	
Signature:		5. 3	
Signature: Printed Name:	Title:	2014 APR	77
Signature:		全部 为	F
Printed Name:	_ Title:		m
Signature:		F 2	
Printed Name:	Title:		
Signature:	•	明治しい	
Printed Name:	Title:	- 	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability Signature of one General Partner.	corporator must sign.		
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:		
All others: Signature of an authorized person.			
Fees:			
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

THE LOOK BEALITY BARLLO		
THE LOOK BEAUTY BAR LLC (Must end with the words "Limited Liab	pility Company "L.L.C." or "L.L.C.")	
(Must clid with the words Elimited Elat	omy company, E.E.C., or EEC.	
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited	l Liability Company is:
Principal Office Address:	Mailing Address:	
2016 E MLK JR. BLVD	PO BOX 310791	
TAMPA FL 33610	TAMPA FL 33680	
77411741200010	17.444.747.2.00000	
BRANDON	e registered agent are: LUE TAX PREP me STE 104 O. Box NOT acceptable) FL 33511	
City	Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capo statutes relating to the propenand complete	in this certificate, I hereby accacty. I further agree to comply	cept the appointment as y with the provisions of al

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	<u> </u>
"MGR" = Manager	TESS CODMIN
MGR	TESS GODWIN 2016 MLK JR BLVD
	TAMPA FL 33610
	
	PH -2 PH
	2 2
	<u> </u>
(Use attachment if necessary)	
n effective date is listed, the date must	t be specific and cannot be more than five business days
n effective date is listed, the date must 90 days after the date of filing.)	
n effective date is listed, the date must 90 days after the date of filing.)	
n effective date is listed, the date must 90 days after the date of filing.)	
n effective date is listed, the date must 90 days after the date of filing.)	
n effective date is listed, the date must 90 days after the date of filing.) TCLE VI: Other provisions, if any.	
n effective date is listed, the date must 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	t be specific and cannot be more than five business days
reffective date is listed, the date must 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (constitutes an affirmation under the per	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true.
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203) constitutes an affirmation under the per I am aware that any false information s	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a member of a member of a manufacture of a member of a m	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. submitted in a document to the Department of State vided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a member of a member of a marker of a member of a member of a member of a member of a marker of a member of a member of a marker	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a member of a member of a manufacture of a member of a member of a member of a member of a manufacture of a member of a manufacture of a member of a member of a member of a manufacture of a member of a manufacture of a manufacture of a member of a manufacture of a member	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. submitted in a document to the Department of State vided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a member of a member of a market of a member of a market of a member	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. submitted in a document to the Department of State vided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a member of a member of a manufacture of a member of a m	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. submitted in a document to the Department of State vided for in s.817.155, F.S.) Typed or printed name of signee
REQUIRED SIGNATURE: Signature of a member	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. submitted in a document to the Department of State vided for in s.817.155, F.S.) Typed or printed name of signee of Organization and Designation nal)

Page 2 of 2

ARTICLE IV-