LIY0000 19178

(Re	equestor's Name)	
(Ad	Idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA FILED
2014 APR 24 PM 12: 12

APR 2 9 2013 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Liberty Bella Enterprises 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. 605.1045, F.S.
Please/return all correspondence concerning this matter to:
Jenniter Prater (Contact Person)
(Firm/Company)
1801 W Jetton Aul (Address)
Tampa FL 33606 (City, State and Zip Code)
Jenny 257@hotmail.com E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Tennifee Prate at (215) 8337353 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion & and Certificate of Status \$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: Liberty Bella Enterprises Inc. P130000 6302 (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 Florida (Enter state, or if a non-U.S. entity, the name of the country) (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Liberty Bella 10000 Enterprises LLC. (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)
5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

Page 1 of 2

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2014 APR 24 PH 12: 12
SECRETARY OF STATE

Signed this day of	_ 20 <u>_ \$ 4</u>	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Printed Name: Tennifer Prate:	ester.	
Printed Name: Tem-fer Proto	Title: Poe a idom	
The trainer of the tr	1110.	-
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	
	see below for required signature(s).	
Signature: Denature	•	
Signature: John for Prate	Title: BALL DA +	-
rimled Name. So wy the Trades	Title: Trestour	-
a: .		
Signature:Printed Name:		_
Printed Name:	Title:	_
Signature:		
Printed Name:	Title:	-
Signature:		_
Printed Name:	Title:	
·		_
Signature:		
Signature:Printed Name:	Title:	-
		_
Signature:		
Printed Name:	Title:	-
Timed (valie.		_
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or	Officer	
If Directors or Officers have not been selected, an Inc	corporator must sign.	
vern in a line in the line		
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnership:	
Signature of one General Partner.		
<u>If Florida Limited Partnership or Limited Liabili</u>	y Limited Partnership:	
Signatures of ALL General Partners.		
All others:		
Signature of an authorized person.		
Fees:		
Articles of Conversion:	\$25.00	SECRET
Fees for Florida Articles of Organization:	\$125.00	- C - 4
		프리 등
Certified Copy:	\$30.00 (Optional)	NEW Y
Certificate of Status:	\$5.00 (Optional)	38.5 78.4

Page 2 of 2

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:						
The name of the Limited Liability Company is	•					
Liberty Bella Enterpris	es LLC	<u> </u>				
(Must end with the words "Limited Liabi	lity Company, "L	.L.C.," or "LLC.")	1			
ARTICLE II - Address:						
The mailing address and street address of the p	rincipal offic	e of the Limite	ed Liabili	ty Con	npany	/ is:
Principal Office Address:	Mailing A	ddress:				
1801 w Jetton Ave	1801	WJett	on the			
Tampa FL 33606	Tamy	wJett x FL33	606			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)						
The name and the Florida street address of the	registered ago	ent are:				
Jennife Prat	0					
Nam	ie					
1801 w Jettor	Ave					
Florida street address (P.C						
·						
Tampa	FL 3	7in				
City		Zip				
Having been named as registered agent and t liability company at the place designated it registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as re	n this certifica city. I further performance	nte, I hereby ac agree to comp of my duties, a	ccept the c oly with th and I am f	appoint e provi amiliar	tment isions with	as of ali and
Chater						
Registered Agent's Sig	nature (REQ	лкер)	 *	d .	20	
			7	SEC	Ī	
(CONTIN	NUED)		Ĭ.	3ア : ピロ 5년	2014 ÅPR 24	1 1
Program 1	of?		, (25 25 25	24	

Title: "AMBR" = Authorized Member "MGR" = Manager "MGR" = Manager	Name and Address: Jenn for Prater 1801 w Jetton Ave Tampa FL33606	
the state of the s		
		
(Use attachment if necessary)		
RTICLE VI: Other provisions, if any.		
······································		
REQUIRED SIGNATURE:	tes	
Signature of a member (In accordance with section 605.0203 (I constitutes an affirmation under the penal I am aware that any false information su constitutes a third degree felony as provi		ent
Signature of a member (In accordance with section 605.0203 (I constitutes an affirmation under the penal I am aware that any false information su constitutes a third degree felony as provi	(b), Florida Statutes, the execution of this docume alties of perjury that the facts stated herein are true. bmitted in a document to the Department of State ided for in s.817.155, F.S.)	
Signature of a member (In accordance with section 605.0203 (It constitutes an affirmation under the penal I am aware that any false information succonstitutes a third degree felony as provided that the section of the	(b), Florida Statutes, the execution of this docume alties of perjury that the facts stated herein are true. bmitted in a document to the Department of State ided for in s.817.155, F.S.)	
Signature of a member (In accordance with section 605.0203 (It constitutes an affirmation under the penal I am aware that any false information su constitutes a third degree felony as provided in the second secon	(b), Florida Statutes, the execution of this docume alties of perjury that the facts stated herein are true. bmitted in a document to the Department of State ided for in s.817.155, F.S.)	
Signature of a member (In accordance with section 605.0203 (It constitutes an affirmation under the penal I am aware that any false information sur constitutes a third degree felony as provided the second	(b), Florida Statutes, the execution of this docume alties of perjury that the facts stated herein are true. bmitted in a document to the Department of State ided for in s.817.155, F.S.)	

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-