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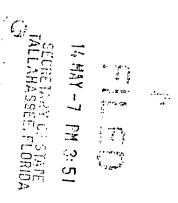
600 - 3530g
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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04/28/14--01022--007 **155.00



J. STAVERS MAY 15 2018



May 2, 2014

DAVID PINTO 137 10TH AVE N ST PETERSBURG, FL 33701

SUBJECT: WEE GALLERY LLC Ref. Number: W14000027775

We have received your document for WEE GALLERY 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):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6051.

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

Letter Number: 814A00009377

District of Compositions D.O. POV 6997 Tollahassas Florida 9991

COVER LETTER

TO: Registration S Division of C			
SUBJECT:	Wee Gal	lery LLC of Resulting Florida Limite	
	(Name	of Resulting Florida Limite	ed Company)
			nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:	
Davie	(Contact Person))	
<u>Wee</u>	(Firm/Company)		
137	(Address)	e N	
C L	(Address)	C 2220	
<u> </u>	Peters burg City, State and Zip Code)	PL 33701	
	- · ·		
<u>Sales</u>	e used for future annual re	ery con	
E-mail Address: (to b	e used for future annual re	port notifications)	
For further information	on concerning this ma	tter, please call:	
David	Pink	727	180.9804
(Name of Conta	et Person)	(Area Code) (Day	/time Telephone Number)
Enclosed is a check t	or the following amou	int:	
□ \$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	S:	MAILING A	ADDRESS:
Registration Section		Registration S	Section
Division of Corporat	ions	Division of C	-
Clifton Building 2661 Executive Cent	ar Cirola	P. O. Box 63. Tallahassee,	
2661 Executive Cent	er Circle	Tallahassee,	FL 32314

Tallahassee, FL 32301

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.



Signed this day of	_20 <u>14</u>	
Signature of Authorized Representative of Limit	777	
Signature of Authorized Representative: Printed Name: David Pint	Title: CEO	-
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]	
Signature: Printed Name: Paid Pint	Title: President	<u>-</u>
Signature: Printed Name: Surya Sa', nan'ı	Title: Creative Director	<i>-</i> -
Signature:Printed Name:	Title:	- -
Signature:Printed Name:	_ Title:	<u>-</u> -
Signature:Printed Name:	_ Title:	<u>-</u> -
Signature: Printed Name:	Title:	- -
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Clif Directors or Officers have not been selected, an Inc.	orporator must sign.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		" Q ALL
Fees:		CARAN STA
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	T PH 3:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Wee Gal	lery LLC ited Diability Company, "L.L.C.," or "LLC.")
(Must end with the words "Limi	ted Ciability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
137 10+h Ave N St. Peters burg FL 33701	same
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its or another business entity with an active Florida registra	wn Registered Agent. You must designate an individual or
The name and the Florida street address of the register	red agent are:
David J	Pinto
David J Na 137 10+h	me
137 10+h	Ave N
Florida street address (P.O. E	
St. Petersburg City	FL 33701
City	Zip
the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provisio of my duties, and I am familiar with and accept the	service of process for the above stated limited liability company of cept the appointment as registered agent and agree to act in this ms of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in apter 605, F.S
(CONTIN	NUED)
Page 1 d	MAY - 7 PA

	each person authorized to manage and co	
<u>Title:</u> "AMBR" = Authorized }	Name and Add	ess:
"AMBR" = Authorized ("MGR" = Manager	viember	
MGR	David.	J Pinto
		o+h Ave N
	st. re	tersburg Fl 33701
AMBR.	Surya	Sainani
		the Ave N
	St. Pe	tersburg FL 33+01
Use attachment if neces	sary)	
•	late must be specific and cannot be more	than five business days prior to or 90
f filing.)	late must be specific and cannot be more	than five business days prior to or 90
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