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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Ph.Dserts +(
(Name	of Resulting Florida Limited Company)
	cles of Organization, and fees are submitted to convert an "Other iability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concernir	ng this matter to:
Melanie Judge (Contact Person) Ph.Oserts + Cakes (Firm/Company)	
(Contact Person)	
Ph.Oserts + Cakes	
(Firm/Company)	
3145 Downan Point Dr.	
Land O Lakes, FL 34 (City, State and Zip Code)	638
Phoserts agmail.com	
E-mail Address: (to be used for future annual re	eport notifications)
For further information concerning this ma	atter, please call:
Melanie Judge	at (813) 344-6974 (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou	unt:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$180.00 Filing Fees and Certified Copy □\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P. O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles 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 the Articles of Conversion is: Ph.Dserts + Cakes, Inc. PI10000 10123.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
on ba ol action (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:
Ph.Dserts + Cakes, 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

Signed this day of	_ 20_14	
Signature of Authorized Representative of Limi		
Signature of Authorized Representative: Mulan Printed Name: Nel anie K. Judge	Title: Owner	
Signature(s) on behalf of Other Business Entity:		
Signature: Melemi K. Jul		
Signature: <u>Mulumi K. Juf</u> Printed Name: <u>Melanie K. Judge</u>	_ Title: owner / president	
Signature:		
Signature: Printed Name:	Title:	
Signature:Printed Name:	Tidle	
Signature:Printed Name:	Title	
Signature:Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty 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)	THE PAIR

Page 2 of 2

TILED JILHAY 12 PH 12: I

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: Melank Judge The name of the Limited Liability Company is:	:				
Ph.Dserts + Cakes, L					
(Must end with the words "Limited Liabi	lity Company, "	L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the p	rincipal offi	ce of the Limited l	Liability Co	mpany	ıis:
Principal Office Address:	Mailing .	Address:			·
3145 Downan Point Dr. Land O Lakes, FL 34638		ve.			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)					
The name and the Florida street address of the	registered as	gent are:			
Melanie Ju Nam	idge				
Nam	e				
3145 Downon Point Florida street address (P.C					
<u>land 0 lakes</u> City	<u> </u>	34438 Zip			
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 certific city. I furthe performance gistered age	cate, I hereby accept r agree to comply v e of my duties, and	ot the appoir with the prov I am familia	ntment visions ar with	as of all and
Registered Agent's Sig		(UIRED)			
(CONTIN	,		SECRETARY TALLAHASSE	2014 HAY 12	<u> </u>

Company:				
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager	Melanie Judge 3145 Downan Point Dr. Land O Lakes, FL 340	v38	 	
			_ _	
			_	
			- -	
			_ _	
(Use attachment if necessary)				
(If an effective date is listed, the date muto or 90 days after the date of filing.) ARTICLE VI: Other provisions, if any.				-
REQUIRED SIGNATURE:	K. Orele			-
Signature of a mem (In accordance with section 605.020) constitutes an affirmation under the p I am aware that any false information constitutes a third degree felony as pr	ber or an authorized representative of 3 (1) (b), Florida Statutes, the execution of enalties of perjury that the facts stated he submitted in a document to the Departm ovided for in s.817.155, F.S.)	of this docu erein are tru	iment ie.	
Melanie	K. Judge Typed or printed name of signee			
	Typed of printed name of signee	TAL	201	
	s of Organization and Designation	SECRETARY OF TALLAHASSEE,	2014 MAY 12	77
of Registered Agent \$ 30.00 Certified Copy (Opti	onal)	ASS ASS	Y - 2	
\$ 5.00 Certificate of Status	(Optional)	Ři~ς Mo		امال ا
	Page 2 of 2	المن لت	T	,

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

ARTICLE IV-