L14000190476

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL .
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 20, 2014

LUCY PATTERSON 311 N DAVIS HWY PENSACOLA, FL 32501

SUBJECT: LUCY PATTERSON LLC

Ref. Number: W14000070057

We have received your document for LUCY PATTERSON LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return 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.

Tammi Cline Regulatory Specialist II

Letter Number: 914A00024679

COVER LETTER

Division of C	orporations					
SUBJECT, LUCY F	PATTERSON D/B/A	THE LOFT				
SUBJECT.		of Resulting Flor	ida Limite	ed Company)	_	
The enclosed Articles Business Entity" into	s of Conversion, Artic a "Florida Limited L	les of Organiz iability Compa	ation, ar any" in a	nd fees are submitted to accordance with s. 605.1	convert an "Othe 045, F.S.	er
Please return all corre	espondence concernin	g this matter to	o:			
LUCY PATTERSO	N					
	(Contact Person)					
THE LOFT						
	(Firm/Company)					
						,
	(Address)		 -			-
	•					;
	City, State and Zip Code)					-
•	, PENSACOLA FL	32501				
	e used for future annual re		<u> </u>			:
L-man Address. (to b	e used for fature affiliar re	port notifications	• •		in the second se	•
For further information	on concerning this ma	tter, please cal	1:			•
LUCY PATTERSO	N	_at (<u>850</u>	_\ 432	-4322		
(Name of Conta	ct Person)	(Area Co	de) (Day	ytime Telephone Number)	=-	
Enclosed is a check f	or 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 Fill and Certified (□\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
STREET ADDRESS	S:	MA	LING A	ADDRESS:		
Registration Section			stration			
Division of Corporations		Division of Corporations P. O. Box 6327				
Clifton Building 2661 Executive Cent	er Circle			27 FL 32314		
Miletaille Colle		1 14111	,	A		

Tallahassee, FL 32301

TO: Registration Section

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 LUCY PATTERSON INC OF NW FL	prior to th	e filing of the Articles	s of Conve	ersion	is:
(Enter Name of Other Business	s Entity)	011 2570		·22	. پرده
2. The "Other Business Entity" is a CORPORATION		P ((-) 307		PEC 12	45; -2 45; -24
(Enter entity type. Examp general partnership, co			वित्री स्टब्स् विक्री स्टब्स् विक्री		i .
First organized, formed or incorporated under the laws of	FLORID	A		••	1
on 3/4/2011 (E	inter state, or	if a non-U.S. entity, the n	ame of the	country))
(date of organization, formation or incorporation)					
3. The name of the Florida Limited Liability Company as	s set forth	in the attached Artic	les of Org	ganizat	tion:
LUCY PATTERSON LLC					
(Enter Name of Florida Limited Liabilit	ty Company)	·			
4. If not effective on the date of filing, enter the effective	date: 1/1/	2015			
(The effective date: 1) cannot be prior to date of receidate this document is filed by the Florida Department date listed in the attached Articles of Organization, if	pt or filed of State;	date nor more than AND 2) must be the s	same ås tl		
5. The plan of conversion has been approved in accordance	ce with all	annlicable statutes			

Page 1 of 2

Signed this 10th day of NOVEMBER					
Signature of Authorized Representative of Limi					
Signature of Authorized Representative: Aug-	Title: Owner/Member				
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]				
Signature: Lucy Patterson Printed Name: Lucy Patterson					
Printed Name:) Our Patterson	_Title: president				
Signature: Printed Name:	<u></u>	50000 10000 10000 10000	201		
Printed Name:	Title:		F		
Signature:Printed Name:	Title:		2	استور د دو او دو او	
		1,423		enten Esteri	
Signature:Printed Name:	_ Title:	±10.7		34.	
Signature:		En .	ÚB.		
Signature:Printed Name:	Title:				
Signature:					
Printed Name:	Title:				
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or G					
If Directors or Officers have not been selected, an Inc	corporator must sign.				
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:				
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.					
All others: Signature of an authorized person.					
Fees:					

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LUCY PATTE						
	(Must end with the words "Limited L	ciability Company, "L.L.C.," or "LLC.")				
ARTICLE II -	- Address:					
The mailing ad	dress and street address of th	e principal office of the Limited	Liability Comp	pany is:		
Principal Offic	ce Address:	Mailing Address:				
PENSACOLA, FL		311 N DAVIS HWY				
			Fig. 6			
(The Limited Liabili business entity with	ity Company cannot serve as its own F han active Florida registration.) the Florida street address of t	PENSACOLA, FL 3250 ^o ered Office, & Registered Agen Registered Agent. You must designate an inc	it's Signature:			
(The Limited Liabili business entity with	ity Company cannot serve as its own F h an active Florida registration.) the Florida street address of t Chris D Kelly CPA	PENSACOLA, FL 3250 ^o ered Office, & Registered Agen Registered Agent. You must designate an inc	it's Signature:			
(The Limited Liabili business entity with	ity Company cannot serve as its own F h an active Florida registration.) the Florida street address of t Chris D Kelly CPA N 2101 N 9th Avenue	PENSACOLA, FL 3250 ered Office, & Registered Agen Registered Agent. You must designate an income the registered agent are: ame	it's Signature:			
(The Limited Liabili business entity with	ity Company cannot serve as its own F h an active Florida registration.) the Florida street address of t Chris D Kelly CPA N 2101 N 9th Avenue	PENSACOLA, FL 3250° ered Office, & Registered Agen Registered Agent. You must designate an income the registered agent are:	it's Signature:			
(The Limited Liabili business entity with	ity Company cannot serve as its own F h an active Florida registration.) the Florida street address of t Chris D Kelly CPA N 2101 N 9th Avenue	PENSACOLA, FL 3250 ered Office, & Registered Agen Registered Agent. You must designate an income the registered agent are: ame	it's Signature:			

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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-	ĸ	2 1	 4 174	1 V -

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	LUCY PATTERSON 311 N DAVIS HWY PENSACOLA FL 32501 PERSON 225 PERSON PERS	A STATE OF THE STA
	date of filing:	rior
(In accordance with section 605.0203 (1) constitutes an affirmation under the pena	or an authorized representative of a member. (b), Florida Statutes, the execution of this document lities of perjury that the facts stated herein are true. It is a document to the Department of State ded for in s.817.155, F.S.)	
LUCY PATTERSON	ed or printed name of signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)