15000050871

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

Office Use Only



700269599927

03/04/15--01007--028 **150.00

15 MAR 24 PM 2: 25

COVER LETTER

TO:	Registration S Division of Co							
SUBJ	IECT: Sassy S	Solutions, LLC						
,, C D		(Name o	of Resulting Flori	da Limite	d Company)			
The e Busin	nclosed Articles less Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organiza ability Compa	ation, and ny" in ac	d fees are submitted to co ecordance with s. 605.104	onvert an '45, F.S.	"Other	•
Please	e return all corre	espondence concerning	g this matter to):				
Wen	dy Southon							
		(Contact Person)						
Sass	sy Solutions, Ll	LC _						
		(Firm/Company)						
2555	N. Forsyth Ro	oad, Suite D						
		(Address)						
Orla	ndo, FL 32807	7						
	((City, State and Zip Code)						
wen	dywantana@n	etmail.me.uk						
E-1	mail Address: (to b	e used for future annual re	port notifications)				
For fi	arther information	on concerning this ma	tter. please cal	l:				
Harr	y E. Harp, CP/	4	_at (<u>4</u> 07	₎ 719-	-0386			
	(Name of Conta	et Person)	(Area Co	de) (Day	time Telephone Number)			
Encle	sed is a check f	or the following amou	ınt:			-med		
(\$25 f) & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fili and Certified C		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status	SECRETA	15 张烈 36	,
Regis Divis Clifto 2661	EET ADDRESS stration Section ion of Corporation Building Executive Cent	ions er Circle	Regi Divis P. O.	stration ! sion of C . Box 63	Corporations	87. Base 1	PH 2: 25	

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.

Signed this 2nd day of Marcu	20_15
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:	Title: Member Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature:	
Printed Name: Wendy Southon	Title: President
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer.
<u>If Florida General Partnership or Limited Liabili</u> Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
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

ARTICLE I - Name: The name of the Limited Liability Com	pany is:	
Sassy Solutions, LLC (Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC)
ARTICLE II - Address: The mailing address and street address of		
Principal Office Address:	Mailing Address:	
2555 N. Forsyth Road Suite D Orlando, FL 32807	2555 N. Forsyth Ro Suite D Orlando, FL 32807	·
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)	gistered Office, & Registered Agent. You must designate	Agent's Signature: an individual or another
The name and the Florida street address	of the registered agent are:	
Wendy Southon		_
	Name	
2555 N. Forsyth F Florida street addre	Road, Suite D ess (P.O. Box <u>NOT</u> acceptable)	-
Orlando	FL 32807	_
City	<u>FL 32807</u> Zip	
Having been named as registered age liability company at the place desig registered agent and agree to act in th statutes relating to the proper and co accept the obligations of my positio	mated in this certificate, I hereby is capacity. I further agree to com- mplete performance of my duties.	accept the appointment as opply with the provisions of all and I am familiar with and defor in Chapter 605, F.S
	Sautian	15 HAR 24 SECARIOS
	nt's Signature (REQUIRED)	T T
(Co	ONTINUED) Page 1 of 2	2: 25 2: 25

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	Mandy Cavillan		
AMBR	Wendy Southon		
	1879 Lake Spier Drive Winter Park, FL 32789		
	William Falk, FE 02700		
		·	
			
	· · · · · · · · · · · · · · · · · · ·		
			
effective date is listed, the date must	date of filing:	(OPTION	NAL) s days
ICLE V: Effective date, if other than the	date of filing: be specific and cannot be more than fiv	(OPTION e busines	NAL) s days
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)	be specific and cannot be more than five	(OPTION	NAL) s days
ICLE V: Effective date, if other than the a effective date is listed, the date must 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five	e busines	NAL) s days
ICLE V: Effective date, if other than the effective 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 (1) constitutes an affirmation under the penal am aware that any false information sul	r or an authorized representative of a n) (b), Florida Statutes, the execution of the littles of perjury that the facts stated herein bmitted in a document to the Department	nember.	s days
ICLE V: Effective date, if other than the effective 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 of the effective and affirmation under the penal am aware that any false information sultenstitutes a third degree felony as provi	r or an authorized representative of a n) (b), Florida Statutes, the execution of the littles of perjury that the facts stated herein bmitted in a document to the Department	nember.	s days
CLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (It onstitutes an affirmation under the pena am aware that any false information sul onstitutes a third degree felony as provi	r or an authorized representative of a new of the lities of perjury that the facts stated herein being the ded for in s.817.155, F.S.)	nember.	s days
ICLE V: Effective date, if other than the effective 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 of a member of the section 605.0203 (1) constitutes an affirmation under the penal am aware that any false information substitutes a third degree felony as provisions wends Southon	r or an authorized representative of a n) (b), Florida Statutes, the execution of the littles of perjury that the facts stated herein bmitted in a document to the Department	nember.	s days 1 등 HAR 3나 PH 2:
ICLE V: Effective date, if other than the a effective 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 (It constitutes an affirmation under the penal am aware that any false information subconstitutes a third degree felony as provisions.	r or an authorized representative of a n) (b), Florida Statutes, the execution of the littles of perjury that the facts stated herein bmitted in a document to the Department ded for in s.817.155, F.S.) bed or printed name of signee	nember.	s days

Page 2 of 2

ARTICLE IV-