# 115000099108

(F	Requestor's Name)
<u> </u>	Address)
(A)	address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(C	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
\ <u>\</u>	5-245

Office Use Only



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JUN - 9 2015

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# **COVER LETTER**

Division of Corporations	
SUBJECT: The Perfect Day, LLC	
(Name of Resulting Florida	Limited Company)
The enclosed Articles of Conversion, Articles of Organization Business Entity" into a "Florida Limited Liability Company	
Please return all correspondence concerning this matter to:	
Jon Dickson	
(Contact Person)	
(Firm/Company)	
3152 Little Rd #377	
(Address)	
Trinity, FL 34655	
(City, State and Zip Code)	'
jondickson20@gmail.com	
E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
Jon Dickson at (727	<sub>)</sub> 409-3808
	(Daytime Telephone Number)
Enclosed is a check for the following amount:	
☐ \$150.00 Filing Fees ■\$155.00 Filing Fees ☐\$180.00 Filing	Fees \$\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{



# FLORIDA DEPARTMENT OF STATE Division of Corporations

April 27, 2015

JON DICKSON 3152 LITTLE ROAD #377 TRINITY, FL 34655

SUBJECT: THE PERFECT DAY, LLC

Ref. Number: W15000029485

We have received your document for THE PERFECT DAY, 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 of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

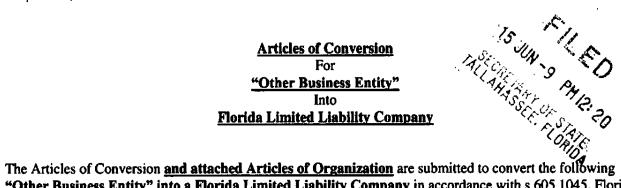
Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, 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.

Teresa Brown Regulatory Specialist II

Letter Number: 515A00008545



"Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "C The Perfect Day, Inc.	ther Business Entity" immediately prior to the filing of the Articles of Conversion is:
	(Enter Name of Other Business Entity)
2. The "Other Busines	ss Entity" is a Corporation
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, forme	d or incorporated under the laws of Florida
July 2, 2004	(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 Flo	orida Limited Liability Company as set forth in the attached Articles of Organization:
The Perfect Day, LLC	
	(Enter Name of Florida Limited Liability Company)
4. If not effective on t	he date of filing, enter the effective date:
(The effective date: 1 date this document is date listed in the atta Note: If the date inserted i	cannot be prior to date of receipt or filed date nor more than 90 days after the filed by the Florida Department of State; AND 2) must be the same as the effective ched Articles of Organization, if an effective date is listed therein.)  In this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records.
5. The plan of convers	ion has been approved in accordance with all applicable statutes.

Page 1 of 2

Signed this 5 day of May	20 <u>15</u>
Signature of Authorized Representative of Lin	nited Liability Company:
4	
Signature of Authorized Representative:	100
Printed Name: David Dickson	Title: Member
Signature(s) on behalf of Other Business Entity:	
	śs.
Printed Name; David Dickson	śś. Title: President
Signature: Printed Name:	721
France Nanc:	1 rue:
Signature:	
Signature: Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
Signature	<u> </u>
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
W.Marida Commenters	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	itv Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnershin:
-	
All others: Signature of an authorized person.	4.
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Ontional)

Page 2 of 2

The Perfect Day, LLC			
	a and with the words "Limited f	ability Company, "J., L.C.," or "J.J.C.")	
ARTICLE II - Add	dress:	principal office of the Limited Liabil	ity Company is:
Principal Office A	ddress:	Mailing Address:	
3152 Little Rd, #377		3152 Little Rd, #377	
Trinity, FL 34655		Trinity, F1, 34655	
	ctive (Porkla registration.) Plorida street address of t	gistered Apent. You must designate an individual ne registered agent are:	(A MEANO
	Torida street address of t David Dickson		(स श्रुष्टमायस
	Torida street address of t David Dickson N	ne registered agent are:	(स श्राप्त मध्यम
	Torida street address of the Dickson N 3152 Little Rd, #377	ne registered agent are:	(स श्राप्त मध्यम
	Torida street address of the Dickson N 3152 Little Rd, #377	one registered agent are:  2.O. Box NOT acceptable)	(स स्राप्त माध्य
	Plorida street address of to David Dickson N 3152 Little Rd, #377 Plorida street address (	ne registered agent are:  ume  O.O. Box NOT acceptable)	(स श्राप्त मध्यम

(CONTINUED)

Page I of 2

dente . a	
Title: "AMBR" = Authorized Member "MCD" = Normal	Name and Address:
"MGR" = Manager	Waist Up, LLC
	3152 Little Rd, #377
	Trinity, FL 34655
AMBR	Mutilphying Profits, LLC
	14 Rockhampton Dr.
	Greenville, SC 29607
AMBR	JDKD, Inc.
<del></del>	4611 S Lois Ave
	Tampa, FL 33611
<u> </u>	
Tective date is listed, the date mus	he date of filing:
LE V: Effective date, if other than the factive date is listed, the date must days after the date of filing.)	it be specific and cannot be more than five business of the applicable statutory filing requirements, this date will not be
TLE V: Effective date, if other than the factive date is listed, the date must days after the date of filing.) the date inserted in this block does not meet	it be specific and cannot be more than five business of the applicable statutory filing requirements, this date will not be
TLE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) the date inserted in this block does not more t's effective date on the Department of State	it be specific and cannot be more than five business of the applicable statutory filing requirements, this date will not be
TLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) the date inserted in this block does not moet's effective date on the Department of State TLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member in accordance with section 605.0203 estitutes an affirmation under the pen	er or an authorized representative of a member.  5 (3), Florida Statutes, the execution of this document to the Department of State
CLE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) the date inserted in this block does not moet's effective date on the Department of State CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member in accordance with section 605.0205 isstitutes an affirmation under the penn aware that any false information substitutes a third degree felony as provided.	er or an authorized representative of a member. (3), Florida Statutes, the execution of this document salties of perjury that the facts stated herein are true. (a) the document to the Department of State vided for in s.817.155, F.S.)
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet's effective date on the Department of State LE VI: Other provisions, if any.  Signature of a member in accordance with section 605.0205 stitutes an affirmation under the penn aware that any false information statitutes a third degree felony as provided.	er or an authorized representative of a member.  (3), Florida Statutes, the execution of this document authorities of perjury that the facts stated herein are true, wided for in s.817.155, F.S.)