

L15000142753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

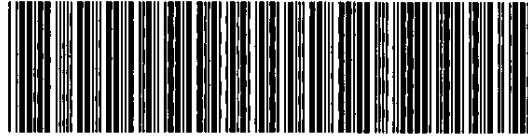
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/14/15--01022--020 **185.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/1

Salter □ Feiber
ATTORNEYS AT LAW

3940 NW 16th Boulevard, Bldg. B
Gainesville, Florida 32605

P.O. Box 357399
Gainesville, Florida 32635

T: 352.376.8201 F: 352.376.7996

www.salterlaw.net

STAR M. SANSONE

stars@salterlaw.net

September 10, 2015

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

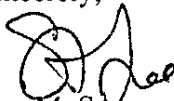
Re: Articles of Conversion and Articles of Organization

Dear Sir or Madam:

Enclosed please find the Articles of Conversion of Floral Expressions Florists, Inc., to Floral Expressions Florists, LLC and the Articles of Organization for Floral Expressions Florists, LLC, along with our firm check in the amount of \$185.00 for the filing fees. Once filed, please forward the documents to our office.

Thank you for your assistance.

Sincerely,



Star M. Sansone

SMS:mh

cc: Jeff Rothstein

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Floral Expressions Florists, LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Jeffrey H. Rothstein

(Contact Person)

Floral Expressions Florists, LLC

(Firm/Company)

1540 N.W. 37th Terrace

(Address)

Gainesville, FL 32605

(City, State and Zip Code)

jeffrothstein53@gmail.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Star Sansone

at (352) 376-8201

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

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TALLAHASSEE, FLORIDA

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
Floral Expressions Florists, Inc. H72580
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a corporation
(Enter entity type. Example: corporation, limited partnership,
general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Florida
on August 21, 1985 (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**:
Floral Expressions Florists, LLC
(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; **AND** 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 9th day of September 20 15

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Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Jeffrey H. Rothstein

Printed Name: Jeffrey H. Rothstein

Title: Manager

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Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: Jeffrey H. Rothstein

Printed Name: Jeffrey H. Rothstein

Title: President

Signature: _____

Printed Name: _____

Title: _____

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 Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of **ALL** General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

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TALLAHASSEE, FLORIDA

Floral Expressions Florists, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

4414 N.W. 23rd Avenue
Gainesville, FL 32605

4414 N.W. 23rd Avenue
Gainesville, FL 32605

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Jeffrey H. Rothstein

Name

1540 N.W. 37th Terrace

Florida street address (P.O. Box **NOT** acceptable)

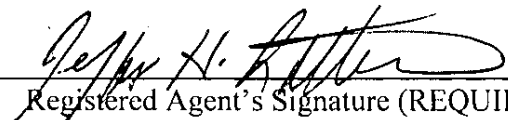
Gainesville

FL 32605

City

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Jeffrey H. Rothstein

4414 N.W. 23rd Avenue

Gainesville, FL 32605

MGR

Kristi Rothstein

4414 N.W. 23rd Avenue

Gainesville, FL 32605

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

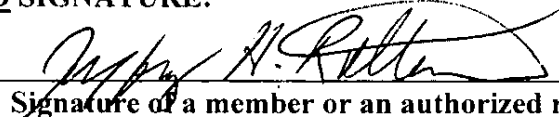
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jeffrey H. Rothstein

Typed 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)