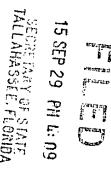
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(Re	questor's Name)	
(Ade	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL.
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
n	<u></u>	



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09/29/15--01016--017 **155.00



Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Frenches Global Links Inc. (Name of Resulting Florida Limited Company)	
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "O Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.	ther
Please return all correspondence concerning this matter to:	
Solomon French	
(Contact Person)	
Solomon French (Contact Person) Frenches Glubac Linics (Firm/Company)	
8517 Gablebend Way (Address)	
Tampa Florida 33647	
Trois I and the Court (
Tampa Florida 33647 (City, State and Zip Code) Frenches glolinx @ Jahoo. Com E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
Solomon French at (678) 791 6724	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\	
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

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 Conver	sio <u>n is:</u>
(Enter Name of Other Business Entity)	C. Seriance Spin Common Spin C
2. The "Other Business Entity" is a Corp of action (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	Same of
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the co- (date of organization, formation or incorporation)	untry)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Orga	nization:
Frenches Global Links LLC (Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: 0912915. (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days affect date this document is filed by the Florida Department of State; AND 2) must be the same as the 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 list document's effective date on the Department of State's records.	effective

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

Signed this 09 day of 24	20_15			
Signature of Authorized Representative of Limi				
Signature of Authorized Representative: Printed Name: SOLOMON French	Title: <u>President</u>	-		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]			
Signature: Solomon French	_Title: _President	- 		
Signature: Printed Name:	Tr. 1	-		
Signature: Printed Name:		<u></u>		
Printed Name:	Title:	- ¤s		
			5 SEP	ezaprej
Signature: Printed Name:	Title:	- AA	- 2	eathernal
Signatura		SSE	či	L. Carrier
Signature:Printed Name:	Title:	OF STATE	2	
		0.5	F.	S. C. LEWIS
Signature:Printed Name:	Title	- E.A	n 9	
Printed Name:	Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or 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 Liabili Signatures of <u>ALL</u> 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)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Frenches Global Lin (Must end with the words "Limited Liability	KS LLC
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8517 Gablehand Luca	
8517 Gableberd Way Tampa Fla. 33647	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the results	egistered agent are: Drive Box NOT acceptable)
<u>Jackson ville</u> City	Zip
Having been named as registered agent and to liability company at the place designated in	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all

M. EALE
Registered Agent's Signature (REQUIRED)

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..

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager MG 12	Solomon French 8517 Grable Send way Tampa, FL 33647
Member	Vida French 8517 Galdebond wany Tampa, FL 33647
·	SEP 29 PN 4: PO
(Use attachment if necessary)	>
If an effective date is listed, the date m o or 90 days after the date of filing.)	n the date of filing: 09 29 2015 (OPTIONAL) nust be specific and cannot be more than five business days pr neet the applicable statutory filing requirements, this date will not be listed as state's records.
<u>REQUIRED</u> SIGNATURE:	
This document is executed I am aware that any false in	mber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.
	Typed or printed name of signee

ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional)

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

\$ 5.00 Certificate of Status (Optional)