

L16000092593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

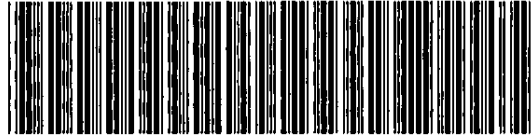
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/21/16--01021--014 \*\*155.00

FILED  
16 MAY 13 PM 4:17  
CLERK OF STATE  
200 NORTH FLORIDA

5/16/16

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LA BELLA PROMOS 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:

PATRICE SEYMORE  
(Contact Person)

LA BELLA PROMOS LLC  
(Firm/Company)

126 BLUE POINTE WAY #300  
(Address)

ALTAMONTE SPRINGS FL 32701  
(City, State and Zip Code)

labellapromos@gmail.com  
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

PATRICE SEYMORE at (732) 809-2365  
(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

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 16 MAY 13 PM 4:17  
 TALLAHASSEE, FLORIDA  
 STATE SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILED  
16 MAY 13 PM 4: 17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 27, 2016

PATRICE SEYMORE  
126 BLUE POINTE WAY #300  
ALTAMONTE SPRINGS, FL 32701

SUBJECT: LA BELLA PROMOS LLC  
Ref. Number: W16000031306

We have received your document for LA BELLA PROMOS 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 entity's date of incorporation/organization must be listed in the document.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 416A00008779

RECEIVED  
16 MAY 13 PM 12: 30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

FILED  
16 MAY 13 PM 4:17  
SECRETARY OF STATE  
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:

LA BELLA PROMOS LLC  
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a limited partnership.

(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of NEW JERSEY  
(Enter state, or if a non-U.S. entity, the name of the country)

on 8/08/2008  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

LA BELLA PROMOS LLC  
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 4-19-16.

**(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 19<sup>th</sup> day of APRIL 2016.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: Patrice Seymore  
Printed Name: PATRICE SEYMORE Title: AMBR

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

Signature: Barbara J. Murphy  
Printed Name: Barbara J. Murphy Title: AMBR

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)

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16 MAY 13 PM 4:18  
MAY 13 2016  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DADE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LA BELLA PROMOS LLC

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

**Principal Office Address:**

126 BLUE POINTE WAY #300  
ALTAMONTE SPRINGS  
FLORIDA 32701

**Mailing Address:**

PO BOX 162799  
ALTAMONTE SPRINGS  
FLORIDA 32716

**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:

PATRICE SEYMORE  
Name

126 BLUE POINTE WAY #300  
Florida street address (P.O. Box **NOT** acceptable)

ALTAMONTE SPRINGS FL 32701  
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..*

Patrice Seymore  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

FILED

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

16 MAY 13 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

~~PATRICE SEYMORE~~

AMBR

PATRICE SEYMORE  
126 BLUE POINTE WAY #300  
ALTAMONTE SPRINGS FL 32701

AMBR

Barbara J Murphy  
126 Blue Pointe Way #300  
Altamonte Springs, FL 32701

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 4-19-16 (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.

EIN # 90-0517115

**REQUIRED SIGNATURE:**

Patrice Seymore

**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.

PATRICE SEYMORE

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)