

L160000102709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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16 MAY 26 PM 12:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Peacock & French, CPAs, P.A.

## Certified Public Accountants

Frank Ray Peacock, CPA  
Jeff R. French, CPA

Members  
American Institute of Certified Public Accountants  
Florida Institute of Certified Public Accountants

May 23, 2016

Amendment Section  
Division of Corporations  
Diane E. Cushing  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Ms. Cushing:

Per our phone conversation last week regarding converting Design Girl LLC to Design Girl Plus LLC., please find enclosed the following forms:

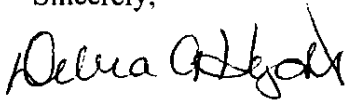
- Articles of Conversion
- Articles of Organization for Design Girl Plus LLC.

We previously sent "Articles of Amendment" to you in error along with our check # 1812 for \$35.00. Please use this \$35.00 payment and our enclosed check # 1835 for \$ 115.00 to cover the \$150.00 required filing fee.

If you have any questions, please feel free to contact me at 941-484-2419.

Thank you for your assistance in this matter.

Sincerely,



Debra A. Heydt  
Bookkeeper

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16 MAY 26 PM 12:16  
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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DESIGN GIRL PLUS 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:

SUSAN M. SILBERT

(Contact Person)

DESIGN GIRL PLUS LLC

(Firm/Company)

1467 TINAMOU ROAD

(Address)

VENICE, FL 34293

(City, State and Zip Code)

designgirlplus@gmail.com

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

For further information concerning this matter, please call:

SUSAN M. SILBERT

at (941) 493-6140

(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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16 MAY 26 PM 12:16  
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:  
DESIGN GIRL LLC P15-76427  
(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 SEPTEMBER 14, 2015  
(date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the country)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
DESIGN GIRL PLUS LLC  
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: SEPTEMBER 14, 2015.  
(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 20 day of MAY 2016.

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

✓ Signature of Authorized Representative: Susan M. Silbert  
Printed Name: SUSAN M. SILBERT Title: AUTHORIZED MEMBER

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

✓ Signature: Susan M. Silbert  
Printed Name: SUSAN M. SILBERT Title: DIRECTOR

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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TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

DESIGN GIRL PLUS 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:

1467 TINAMOU ROAD  
VENICE, FL 34293

### Mailing Address:

1467 TINAMOU ROAD  
VENICE, FL 34293

## 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:

SUSAN M. SILBERT

Name

1467 TINAMOU ROAD

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

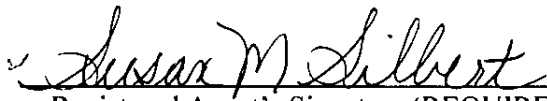
VENICE

City

FL 34293

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)

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TALLAHASSEE, FL 32399

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

SUSAN M SILBERT

1467 TINAMOU ROAD

VENICE, FL 34293

AMBR

ARTHUR J SILBERT

1467 TINAMOU ROAD

VENICE, FL 34293

(Use attachment if necessary)

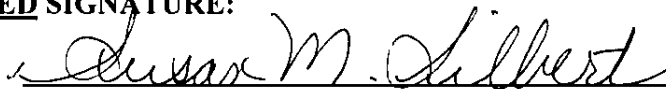
**ARTICLE V:** Effective date, if other than the date of filing: SEPTEMBER 14, 2015. (OPTIONAL)

(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.

SUSAN M. SILBERT

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)**

FILED  
16 MAY 26 PM 12:15  
TALLAHASSEE, FL 32301  
SECRETARY OF STATE