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(Re	questor's Name)	_
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PICK-UP	☐ WAIT	MAIL
<u> </u>	siness Entity Name	
(Bu	Silless Endty Name	-)
(Do	cument Number)	
Certified Copies	Certificates o	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



800303159178

W17-71947

08/31/17--01003--021 **150.00

FILED 17 OCT -2 AM 8: 17

T. BURCH

COVER LETTER

Division of C			
SUBJECT:	yada	opparel	
SUBJECT.		sulting Florida Limited Cor	npany)
			nd fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:	
Marie Rat	onal		
yoda a	(Contact Person) (Firm/Company)		
5550 Berksh	ire Dr 103		
Fort Myers	(Address) FL 33912 City, State and Zip Code)	_	
Yadaoppare	10 amail.com		
E-mail Address: (to b	e used for future annual re	port notifications)	
For further information	on concerning this ma	tter, please call:	
Marie Ral	•anal		170-9851
(Name of Conta	ct Person)	(Area Code) (Day	rtime Telephone Number)
	or the following amou a bank located in the		sed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	OS155.00 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	S:	MAILING A	ADDRESS:
New Filing Section		New Filing S	
Division of Corporati	ions	Division of C	
Clifton Building 2661 Executive Cent	er Circle	P. O. Box 63: Tallahassee, l	
Poor Propulity Critic	or clienc	rananasee, l	しし フェンエマ

Tallahassee, FL 32301



September 1, 2017

MARIE RABANAL 5550 BERKSHIRE DR 103 FORT MYERS, FL 33912

SUBJECT: YADA APPAREL LLC Ref. Number: W17000071947

We have received your document for YADA APPAREL LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6052.

Letter Number: 817A00018124

Tim Burch Regulatory Specialist III

SHORT SERVICES OF COMMERCIAL SERVICES IN THE SERVICES

MECEINED

Articles of Conversion For

"Other Business Entity"

Into

Florida Limited Liability Company

FILED 17 90T -2 AM 8: 17

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:
Jada apparel Inc. (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 (Enter state, or if a non-U.S. entity, the name of the country)
on $\frac{\sqrt{12/2017}}{\text{(date of organization, formation or incorporation)}}$
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Company Compa
(Enter Name of Florida Limited Liability Company)
The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.) 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.

- 6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.

Signed this 28 day of 0ugust	20_17
Signature of Authorized Representative of Lim	
Signature of Authorized Representative: Ma Printed Name: Marie Rabanal	ue Raban President
Signature(s) on behalf of Other Business Entity:	
Signature: Marie Rabanal Printed Name: Marie Rabanal	Title: President
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liability Signature of one General Partner.	corporator must sign.
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
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:

Ч	ada apparel L La contain the words "Limited Liability	Ĵ.	
(Mu)	t contain the words "Limited Liabili	y Company, "L.L.C.," or "LL	C.")
ARTICLE II - Add The mailing address		rincipal office of the Li	imited Liability Company is:
Principal Office A	ddress:	Mailing Address:	
5601 Banne Fort Hyers	er Drive FL 33912	5550 Berli Fort Myers	cshira Dr Opt. 103 Fi 33912
(The Limited Liability Co.	egistered Agent, Registered inpany cannot serve as its own Registive Florida registration.)	l Office, & Registered tered Agent. You must design	Agent's Signature: ate an individual or another
The name and the F	lorida street address of the	registered agent are:	
	Marie Rabar	nal	
	Nam	e	_
	5601 Banner 1)rive	
	Florida street address (P.C	. Box <u>NOT</u> acceptable	
	Fort Myers Fi	_ FL 33912	L
	J_{City}	Zip	
liability compa	ed as registered agent and t my at the place designated in	o accept service of proc 1 this certificate, I herel	ess for the above stated limited by accept the appointment as comply with the provisions of all

(CONTINUED)

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.

	Title:		Name and Address:		
	AMBR" = Authori: MGR" = Manager	zed Member			
		19R	Marie Kabanal		
	/		Fort Myers FL,	33912	
_			<i>J</i> ,		
_					
-					
_				24. ~ 24. ~	
(Use attachment if n	necessary)			
ADTICI	TO MA COLL STATE	ons, if any.			
ARTICL	E V: Other provision				
ARTICL	E V: Other provision				
	REQUIRED SIGN	ATURE:	1		
	REQUIRED SIGN	Jarie Rasa	ral		
	Signature of This document is executed any false information	of a member or an ecuted in accordance will submitted in a docume	authorized representative of a ith section 605.0203 (1) (b), Florida State to the Department of State constitutes	utes. I am aware that	
	Signature of This document is executed any false information	of a member or an ecuted in accordance will submitted in a docume	ith section 605.0203 (1) (b), Florida Stat	utes. I am aware that	