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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	_
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: New Filing S Division of C				
SUBJECT: Roz	gat family Sho (Name of Res	oes and Swimsulting Florida Limited Con	Sut II, LLC	
			nd fees are submitted to convert coordance with s. 605.1045. F.	
Please return all corr	espondence concernin	g this matter to:		
Q	(Contact Person)			
		swim quit cor	P	
162 Saint	George St,	# >7		
& August	City, State and Zip Code)	84		i
	988 (9) hot mail be used for future annual re			
For further informati	on concerning this ma	tter, please call:		
QING: (Name of Conta	HE act Person)	at (904) (Area Code) (Day	208 5396 rtime Telephone Number)	
	or the following amou a bank located in the		sed by this office must be paya	ble in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status		☐S185.00 Filing Fees. Certified Copy, and Certificate of Status	
STREET ADDRESS	S:	MAILING A	ADDRESS:	

Division of Corporations

Tallahassee, FL 32314

New Filing Section

P. O. Box 6327

New Filing Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Conversion For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following	ıg
"Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Fl	orida
Statutes.	
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion ROYAL FAMILY SHOES AND SWIMSUIT CORP PIN - L (Enter Name of Other Business Entity)	is:
2. The "Other Business Entity" is a <u>CORPORTION</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business true.	ist, etc.
First organized, formed or incorporated under the laws of FLOPIDA (Enter state, or if a non-U.S. entity, the name of the country	
(Enter state, or it a non-U.S. entity, the name of the country)
on	-
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organiza	tion:
ROYAL FAMILY SHOES AND SWIMMSHITTL LLC.	:
POYAL FAMILY SHOES AND SWIMMUTTL UC (Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:	
(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 document's effective date on the Department of State's records.	s the
document's effective date on the 12-partment of state's records.	1
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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	int to
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Signed this Zoth day of October	20l <u>/ .</u>	
Signature of Authorized Representative of Limi	ited Liability Company:	
Signature of Authorized Representative:	rong He	
Signature(s) on behalf of Other Business Entity:		
Signature: CANVII a		
Signature: GING HE Printed Name: QING HE	Title: president	
	•	
Signature:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:		
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 ALL General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)	í
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
POYAL FAMILY SHOES AND SWIMSUITILLC (Must contain 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 Co	mpany is:
Principal Office Address: Mailing Address:	i
QING HE 162 ST GEORGE ST, #27 ST AUGUSTINE, FL32084 ST AUGUSTINE, FL32084 ST AUGUSTINE, FL32084	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu (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.)	re: her
The name and the Florida street address of the registered agent are:	
Name	
162 ST GEORGE ST, #27 Florida street address (P.O. Box NOT acceptable)	
ST AUGUSTINE FL 32084 City Zip	
City Zip	
Having been named as registered agent and to accept service of process for the above stability company at the place designated in this certificate. I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter 6	ntment as visions of all ar with and
Ging the	
Registered Agent's Signature (REQUIRED)	1 1

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	0440	١
_AMBR	O/NG HE	
	134 MISSION TRACE DR	<u></u> _
	ST AUGUSTINE, FL37084	
	<u> </u>	
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(III)		
(Use attachment if necessary)		1 155
		123
CLE V: Other provisions, if any.		۳. بې
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REQUIRED SIGNATURE:		
/	Ging he	
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 awarenent to the Department of State constitutes a third degree	re ti feld

ARTICLE IV-

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)