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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
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Special Instructions to Filing	Officer:
W17-10	1187





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T. BURCH FEB 13 2018

## COVER LETTER

TO: New Filing S Division of O				
SUBJECT: PINE C	ASHMERE, LLC			
30b)EC1.	(Name of Res	sulting Florida Limite	ed Con	npany)
				d fees are submitted to convert an "Othe cordance with s. 605,1045, F.S.
Please return all corn	respondence concernin	g this matter to:		
W. JASON ODOM				
	(Contact Person)			
NORTH FLORIDA LA	WYERS, PLLC			
	(Firm/Company)			
6440 SOUTHPOINT P.	ARKWAY, SUITE 300			
	(Address)			
JACKSONVILLE, FL.	32216			
(	City, State and Zip Code)			
JODOM@NORTHFLA	LAWYERS.COM			
E-mail Address: (to	be used for future annual re	port notifications)		
For further informat	ion concerning this ma	tter, please call:		
W. JASON ODOM		at ( <sup>904</sup>	437-7	562
(Name of Cont	act Person)	(Area Code)	(Day	time Telephone Number)
	for the following amound a bank located in the		rocess	sed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Cop		S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	SS:	MAILI	NG A	ADDRESS:
New Filing Section		New Fil	_	
Division of Corpora	tions	Division P. O. Bo		orporations
Clifton Building 2661 Executive Cen	ter Circle			FL 32314

Tallahassee, FL 32301



December 26, 2017

W. JASON ODOM NORTH FLORIDA LAWYERS, PLLC 6440 SOUTHPOINT PKWY STE 300 JACKSONVILLE, FL 32216

SUBJECT: PINE CASHMERE, LLC Ref. Number: W17000101183

We have received your document for PINE CASHMERE, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Tim Burch Regulatory Specialist III

Letter Number: 117A00026022

## **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 "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: KIMONO SKY, LLC DBA PINE CASHMERE
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
on 09/05/2014 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: PINE CASHMERE, LLC
(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 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

- 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.

	and the analysis and a second second			
Signature of Authori Printed Name: W. JAS	zed Representative:	Title: ATTORNEY/AUTHO	RIZED REP	
	· · · · · · · · · · · · · · · · · · ·			
Signature(s) on beh	alf of Other Business In	ity:/[See/below for required sign	nature(s)}	
Signature:	. (). / 4	2015		
Printed Name: Zula T	okarz.	Title: AMBR		
Signature:	•	•		
Printed Name:		Title:		
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Finted Name:  Florida Corporati Signature of Chairma f Directors or Office	on: n, Vice Chairman, Direct is have not been selected,	or, or Officer. an Incorporator must sign.		÷
Finted Name:  Florida Corporate Signature of Chairma f Directors or Office (Florida General P	on: n, Vice Chairman, Direct is have not been selected, artnership or Limited I	or, or Officer. an Incorporator must sign.		
Finted Name:  Florida Corporate Signature of Chairma f Directors or Office (Florida General P	on: n, Vice Chairman, Direct is have not been selected, artnership or Limited I	or, or Officer. an Incorporator must sign.		
Finted Name:  Florida Corporati lignature of Chairma f Directors or Office  Florida General P lignature of one Gen	on: n, Vice Chairman, Direct rs have not been selected, artnership or Limited L eral Partner.	or, or Officer. an Incorporator must sign. lability Partnership:		
Finted Name:  If Florida Corporation  Signature of Chairma  f Directors or Office  If Florida General Posignature of one General Portion  If Florida Limited P	on:  n, Vice Chairman, Direct rs have not been selected,  artnership or Limited L  eral Partner.  artnership or Limited L	or, or Officer. an Incorporator must sign.		
Finted Name:  If Florida Corporati Signature of Chairma f Directors or Office If Florida General P Signature of one Gen If Florida Limited P Signatures of ALL G	on:  n, Vice Chairman, Direct rs have not been selected,  artnership or Limited L  eral Partner.  artnership or Limited L	or, or Officer. an Incorporator must sign. lability Partnership:		
Finted Name:  [Florida Corporation of Chairma of Chairm	on:  n, Vice Chairman, Direct rs have not been selected, artnership or Limited I eral Partner. artnership or Limited I energy of Limited I	or, or Officer. an Incorporator must sign. lability Partnership:		
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If Directors or Office  If Florida General P  Signature of one Gen  If Florida Limited P  Signatures of ALL G  All others:  Signature of an author  Fees:  Articles of Cor  Certified Cor	on:  n, Vice Chairman, Directes have not been selected, artnership or Limited I eral Partner.  artnership or Limited I eral Partners.  artnership or Limited I eneral Partners.  cited person.  conversion: da Articles of Organizatory:	pr, or Officer. an Incorporator must sign.    Sability Partnership:   Sability Limited Partner		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(whist contain the words) thinned that	bility Company, "L.L.C.," or "LLC.")			
	billy Company. Little., or title.)			
ARTICLE II - Address:				
The mailing address and street address of the	e principal office of the Limited Liability Company is			
Principal Office Address:	Mailing Address:			
1144 EAST COAST DRIVE	1144 EAST COAST DRIVE			
ATLANTIC BEACH, FL 32233	ATLANTIC BEACH, FL 32233			
The Limited Liability Company cannot serve as its own Robusiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another			
The Limited Liability Company cannot serve as its own Robusiness entity with an active Florida registration.)  The name and the Florida street address of the NORTH FLORIDA LAWYE	registered Agent. You must designate an individual or another ne registered agent are:			
The Limited Liability Company cannot serve as its own Robusiness entity with an active Florida registration.)  The name and the Florida street address of the NORTH FLORIDA LAWYE	egistered Agent. You must designate an individual or another ne registered agent are:			
(The Limited Liability Company cannot serve as its own Robusiness entity with an active Florida registration.)  The name and the Florida street address of the NORTH FLORIDA LAWYE No.	egistered Agent. You must designate an individual or another ne registered agent are:  ERS, PLLC  ame			
The Limited Liability Company cannot serve as its own Robusiness entity with an active Florida registration.)  The name and the Florida street address of the NORTH FLORIDA LAWYE No.  6440 SOUTHPOINT PARKY	egistered Agent. You must designate an individual or another ne registered agent are:  ERS, PLLC  ame			
The Limited Liability Company cannot serve as its own Robusiness entity with an active Florida registration.)  The name and the Florida street address of the NORTH FLORIDA LAWYE No.  6440 SOUTHPOINT PARKY	egistered Agent. You must designate an individual or another the registered agent are:  ERS. PLLC  Tame  WAY. SUITE 300  P.O. Box NOT acceptable)			
The Limited Liability Company cannot serve as its own Robusiness entity with an active Florida registration.)  The name and the Florida street address of the NORTH FLORIDA LAWYE No 6440 SOUTHPOINT PARKY Florida street address (F	egistered Agent. You must designate an individual or another ne registered agent are: ERS, PLLC ame			

Registered Agent staignature (REQUIRED

(CONTINUED)

AR	TI	CI	.Е.	IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	THE STATE OF THE S
AMBR	ZULA TOKARZ
	1144 EAST COAST DRIVE
	ATLANTIC BEACH, FL 32233
AMBR	STEPHEN TOKARZ
	1144 EAST COAST DRIVE
	ATLANTIC BEACH, FL 32233
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(Use attachment if necessary)	•••
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CLE V: Other provisions, if any.	
HE PURPOSE OF APPEAREL WHOLESAL	LE AND RETAIL
REQUIRED SIGNATURE:	
60010	
Signature of a member of	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am aware the
any false information submitted in a docu	e with section 603.0203 (1) (b), Florida Statutes, I am aware the iment to the Department of State constitutes a third degree felo
as provided for in s.817.155. F.S.	ment to the Department of State constitutes a time degree lets
W. JASON ODOM, ESQUIRE	
	yped 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)