# LI SUUSHUTZ

questor's Name)	
dress)	
dress)	
y/State/Zip/Phone	e #)
☐ WAIT	MAIL
siness Entity Nar	me)
cument Number)	
Certificates	s of Status
Filing Officer:	
	dress)  dress)  //State/Zip/Phone  WAIT  siness Entity Nar  current Number)

Office Use Only

M. MOON MAY 3 1 2018



300313350183

05/29/18--01034--021 \*\*150.00

18 MAY 29 PM 4: 21
SECKLINGS TO THE SECK

# **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: Mommypotamus LLC		
(Name	of Resulting Florida Limited Company)	
	Articles of Organization, and fees are submitted to coted Liability Company" in accordance with s. 605.10	
Please return all correspondence conc	erning this matter to:	
Rick Solomon		
(Contact Person)		
Solomon CPAs & Finanacial Services		
(Firm/Company)		5 18
7254 E. Southern Ave. Ste. 103		三二 王
(Address)		HAY 29 P
Mesa, AZ 85209		18 HAY 29 PM 4: 21
(City, State and Zip C	Code)	
cpa@solomoncpaz.com		35: <b>2</b>
E-mail Address: (to be used for future and	nual report notifications)	and the
For further information concerning th	is matter, please call:	
Rick Solomon	at ( 602 ) 773-6830	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following dollars and drawn on a bank located in	amount: (All checks processed by this office must be n the United States)	e payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ■ \$155.00 Filing to and Certificate of Status		
STREET ADDRESS:	MAILING ADDRESS:	
New Filing Section	New Filing Section	
Division of Corporations	Division of Corporations	
Clifton Building	P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	

Tallahassee, FL 32301

# **Articles of Conversion**

For

# "Other Business Entity"

Into

# Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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:  Monunypotanus LLC
(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
(Enter state, or if a non-U.S. entity, the name of the country)
01/20/2006 on
on date of organization, formation or incorporation)
Mommypotamus 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.
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 8th day of May	20_18	
Signature of Authorized Representative of Limi	ited Liability Company:	
Signature of Authorized Representative:  Printed Name: Heather Dessinger	Title: Member	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	
Signature: Printed Name: Heather Dessinger	Title: Member	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Tislo	
Signature:Printed Name:	Title:	
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 In		
If Florida General Partnership or Limited Liabili Signature of one General Partner.	tv Partnership:	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		16 541 L
Fecs:		18 MAY 29
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	29 PH 4: 2

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
M. II.O		
Mommypotamus LLC  (Must contain the words "Limited Liability C	Community C. Provide C. P.	
(Must contain the words - Limited Liability C	Company, L.IC., or E.C. )	
ARTICLE II - Address:		
The mailing address and street address of the prin	ncipal office of the Limited Liability Con	npany is:
6 6	, , , , , , , , , , , , , , , , , , , ,	, ,
Principal Office Address:	Mailing Address:	
755 Grand Blvd Suite B 105	755 Grand Blvd Suite B 105	
Miramar Beach	Miramar Beach	
FL 32550	FL 32550	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or anothe	
The name and the Florida street address of the reg	gistered agent are:	
Heather Dessinger		<u>ت</u> ــــّــــّــ د
Name	•	ت ص
	•	P 1
29 Tranquility Court		<del>.</del> 😳
Florida street address (P.O. I	Box NOT acceptable)	2
Santa Rosa Beach	FL 32459	
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..

Registered Agent's Signature (KEQUIRED)

(CONTINUED)

	17	7 7		T	•	1	3. /	
а	к	-	$\mathbf{C}$	L	М.		·	_

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

"AMBR" = Authorized Member "MGR" = Manager  AMBR    Heather Dessinger   29 Tranquility Court		her
AMBR    Heather Dessinger   29 Tranquility Court   Santa Rosa Beach, FL   32459		oci
AMBR  Daniel Dessinger  29 Tranquility Court  Santa Rosa Beach, FL 32459  Daniel Dessinger  29 Tranquility Court  Santa Rosa Beach, FL 32459  Court  Santa R		Heather Dessinger
AMBR  Daniel Dessinger  29 Tranquility Court  Santa Rosa Beach, FL 32459  (Use attachment if necessary)  LE V: 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 any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155, F.S.  Heather Dessinger		<del></del>
AMBR  Daniel Dessinger  29 Tranquility Court  Santa Rosa Beach, FL 32459  (Use attachment if necessary)  LE V: 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 tany false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155, F.S.  Heather Dessinger		
(Use attachment if necessary)  LE V: 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 t any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155, F.S.  Heather Dessinger		Other Post Foundation of the Post of the P
Use attachment if necessary)  LE V: 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 any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155. F.S.  Heather Dessinger	AMBR	Daniel Dessinger
(Use attachment if necessary)  LE V: 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 any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155, F.S.  Heather Dessinger	<del></del>	<del></del>
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 a any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155. F.S.  Heather Dessinger		
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 a any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155. F.S.  Heather Dessinger		
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 a any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155. F.S.  Heather Dessinger		
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 a any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155. F.S.  Heather Dessinger		A CO
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 a any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155. F.S.  Heather Dessinger		4.
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 a any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155. F.S.  Heather Dessinger		
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 a any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155. F.S.  Heather Dessinger		,. ·
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 a any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155. F.S.  Heather Dessinger		
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 a any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155. F.S.  Heather Dessinger		
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 to any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155, F.S.  Heather Dessinger		
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 to any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155, F.S.  Heather Dessinger	<b>LE V:</b> Other provisions, if any	<i>)</i> .
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155, F.S.  Heather Dessinger	LE V: Other provisions, if any	'.
Typed or printed name of signee	Signature of a mem This document is executed in account any false information submitted i	ber or an authorized representative of a member cordance with section 605.0203 (1) (b). Florida Statutes. I am aware that in a document to the Department of State constitutes a third degree felony
	Signature of a mem This document is executed in accany false information submitted i as provided for in s.817.155, F.S.	ber or an authorized representative of a member cordance with section 605.0203 (1) (b), Florida Statutes. I am aware that in a document to the Department of State constitutes a third degree felony

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)