L1800/61426

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

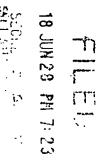
M. MOON JUL 0-3-2018



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W18-53026



COVER LETTER

TO: New Filing Se Division of Co				
SUBJECT: Semi Swe	et Designs, LLC			
.500,0001.	(Name of Res	ulting Florida Limito	d Con	mpany)
				nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:		
Michael Tamplin				
	(Contact Person)			
Semi Sweet Designs				
	(Firm/Company)			if o
105 Montara Drive				
	(Address)			63
Seffner, FL 33584				18 JUN 23 PH 7: 23
((City, State and Zip Code)			
mike@semisweetdesigns	•			23
E-mail Address: (to b	e used for future annual re	port notifications)		•
For further information	on concerning this ma	tter, please call:		
Michael Tamplin		_at (605-2	2651
(Name of Conta	ct Person)	(Area Code)	(Day	ytime Telephone Number)
	or the following amou a bank located in the		roces	ssed 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	□\$180.00 Filing and Certified Cop		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MAILI	NG A	ADDRESS:
New Filing Section		New Fi	ling S	Section
Division of Corporat	ions			Corporations
Clifton Building	O: 1	P. O. B		
2661 Executive Cent	er Circle	Lallaha	ssee,	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: Semi Sweet Designs, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Effect state, of it a non-o.s. entity, the name of the country)
August 11, 2015 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Semi Sweet Designs, 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 12 day of June	20_18			
Signature of Authorized Representative of Limit	ted Liability Company:			
Signature of Authorized Representative: Michael Tamplin	Tille: Owner	_		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]			
Signature: Michael Jampka Printed Name: Michael Tampka	Title: Owner / Chaisman	_ _		
Signature:Printed Name:				
Signature:Printed Name:				
Signature: Printed Name:	Title:	_		
Signature:Printed Name:	Title:	_ _		
Signature:Printed Name:	Title:	<u> </u>		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Corporation	Officer.	_		
If Directors or Officers have not been selected, an Inc	corporator must sign.			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:			
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	# SE	1 Op	
All others: Signature of an authorized person.		000 2008 1008	8 JUN 28 PH	
Fees:		· 4.	PH.	: 1
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		7: 23	•

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:	
Semi Sweet Designs, LLC		
(Must contain the words "Limited Liab	mitty Company, "L.L.C., or "L.L.C.,)	
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:	
105 Montara Drive	105 Montara Drive	
Seffner, FL 33584	Seffner, FL 33584	
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Michael Tamplin Na 105 Montara Drive	egistered Agent. You must designate an individu	signature: al or another TILL TIL
<u> </u>	P.O. Box NOT acceptable)	14 %
Seffner	FL 33584	
City	Zip	
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as Registered Agent's Secretary	d in this certificate. I hereby accept th pacity. I further agree to comply with ete performance of my duties, and I an	ne appointment as I the provisions of all In familiar with and

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Michael Tamplin
	105 Montara Drive
	Seffner, FL 33584
· · · · · · · · · · · · · · · · · · ·	
	
	<u> </u>
(Use attachment if necessary)	
(350 4114011111111111111111111111111111111	
	•
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Michael James	2
Signature of a member or	an authorized representative of a member
Signature of a member or a This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware that
Signature of a member or a This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware that
Signature of a member or a This document is executed in accordance any false information submitted in a docur	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that nent 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)