# 18000195810

| (Req                      | uestor's Name)     |           |
|---------------------------|--------------------|-----------|
| (Add                      | ress)              |           |
| (Add                      | ress)              |           |
| (City)                    | /State/Zip/Phone # | <u>n</u>  |
| PICK-UP                   | ☐ WAIT             | MAIL      |
| (Bus                      | iness Entity Name  | e)        |
| (Doc                      | ument Number)      |           |
| Certified Copies          | Certificates o     | of Status |
| Special Instructions to F | iling Officer:     |           |
|                           |                    |           |
| ·                         | •                  |           |
|                           |                    |           |
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Office Use Only



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SECRETARY OF STATE
TALL ANASSEE F. STATE

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|---------------------|---|---|-----------------------------------|--------|---|
| то:                 | New Filing S<br>Division of C                                 |   |                                   |        |   |
| SUBJ                | ECT: TIYS LLC   | C   |                                   |        |   |
| 0000                | LO1.  | (Name of Re   | sulting Florida Limit             | ed Cor | npany)  |
|                     |   |   |                                   |        | nd fees are submitted to convert an "Other coordance with s. 605.1045. F.S. |
| Please              | return all corn   | espondence concernin                                  | g this matter to:                 |        |   |
| Магіа               | Benjamin  |   |                                   |        |   |
|                     |   | (Contact Person)                                      | . = -1                            |        |   |
| TIYS                | LC  |   |                                   |        |   |
|                     |   | (Firm/Company)  |                                   |        |   |
| 12700               | 66th St. N Apt. 3   | 2129  |                                   |        |   |
|                     |   | (Address)   |                                   |        |   |
| Largo,              | FL 33773  |   |                                   |        |   |
|                     | ((  | City, State and Zip Code)                             |                                   |        |   |
| maria.              | benjamin31@gn   | nail.com  |                                   |        |   |
| E-n                 | nail Address: (to b   | e used for future annual re                           | port notifications)               |        |   |
| For fu              | rther informati   | on concerning this ma                                 | tter, please call:                |        |   |
| Maria               | Benjamin  |   | _at ( <u>360</u>                  | 927-1  | 1697  |
|                     | (Name of Conta  | ct Person)  | (Area Code)                       | (Day   | rtime Telephone Number)   |
|                     |   | or the following amou<br>a bank located in the        |                                   | rocess | sed by this office must be payable in US                                    |
| (\$25 fo<br>& \$125 | 0.00 Filing Fees<br>r Conversion<br>for Articles<br>mization) | ☐\$155.00 Filing Fees<br>and Certificate of<br>Status | S180.00 Filing and Certified Copy |        | □S185.00 Filing Fees. Certified Copy, and Certificate of Status             |
| STRE                | ET ADDRES   | S:  | MAILI                             | NG A   | ADDRESS:  |
| New F               | Filing Section  |   | New Fil                           | ling S | ection  |
| Divisi              | on of Corporati   | ions  | Divisio                           | i of C | Corporations  |

P. O. Box 6327

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301



July 31, 2018

MARIA BENJAMIN 12700 66TH ST. N. APT 2129 LARGO. FL 33773

SUBJECT: TIYS CLOTHING LLC Ref. Number: W18000069415

We have received your document for TIYS CLOTHING LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The LLC name is not consistent. On #3 of the Conversion Form the name does not match the name in the Articles of Organization.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 918A00015692

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### 2018 AUG 13 AM 8: 46

SECRETARY OF STATE FALL AHASSEE, FLORID!

## 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:  TIYS LLC  |
|---|
| (Enter Name of Other Business Entity)   |
| 2. The "Other Business Entity" is a Sole Member LLC  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.   |
| (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)   |
| July 12, 2017   |
| 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:   |
| TIYS 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 8 day of August   | 20_18  |
|---|--|
| Signature of Authorized Representative of Lim   |  |
| Signature of Authorized Representative: Printed Name: Maria Benjamin  |  |
| Signature(s) on behalf of Other Business Entity:  | See below for required signature(s)                            |
| Signature: Printed Name: Maria Benjamin   | Title: Owner   |
| Signature:  |  |
| Printed Name:   | Title:   |
| Signature:Printed Name:   | Title:   |
|   |  |
| 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 Inc. | Officer.<br>corporator must sign,                              |
| If Florida General Partnership or Limited Liabili Signature of one General Partner.   | ty Partnership:  |
| If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.   | ty Limited Partnership:  |
| All others: Signature of an authorized person.  |  |
| Fees:   |  |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:                           | \$25.00<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) |

\$5.00 (Optional)

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| TIYS LLC                                     |   |  |                    |
|--|---|--|--------------------|
| 1110 220                                     | (Must contain the words "Limited Lie  | ability Company, "L.L.C.," or "LLC.")  |                    |
| ARTICLE II -<br>The mailing add              |   | e principal office of the Limited Liabili  | ity Company is:    |
| Principal Offic                              | ce Address:   | Mailing Address:   |                    |
| 12700 66th St. A                             | Apt. 2129   | 12700 66th St. Apt. 2129   |                    |
| Largo, FL 33773                              | ,   | Largo, FL 33773  | <del></del>        |
|  |   | ered Office, & Registered Agent's Sig  |                    |
| (The Limited Liabili<br>business entity with | ity Company cannot serve as its own R h an active Florida registration.) the Florida street address of t  | ered Office, & Registered Agent's Sig  | or another 2018 AU |
| (The Limited Liabili<br>business entity with | ity Company cannot serve as its own R<br>h an active Florida registration.)<br>the Florida street address of t<br>Johnathan Benjamin                      | ered Office, & Registered Agent's Sig  | TALLAHASSI         |
| (The Limited Liabili<br>business entity with | ity Company cannot serve as its own R h an active Florida registration.) the Florida street address of t  Johnathan Benjamin  N  12700 66th St. Apt. 2129 | ered Office, & Registered Agent's Signate and individual and individual and individual and registered agent are: | TALLAHASSI         |
| (The Limited Liabili<br>business entity with | ity Company cannot serve as its own R h an active Florida registration.) the Florida street address of t  Johnathan Benjamin  N  12700 66th St. Apt. 2129 | ered Office, & Registered Agent's Signered Agent. You must designate an individual the registered agent are:     | or another 2018 AU |

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 (REQUIRED)

(CONTINUED)

#### ARTICLE 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                    |                                       |                                 |
| AMBR                               | Maria Benjamin                        |                                 |
|                                    | 12700 66th St. Apt. 2129              |                                 |
|                                    | Largo, FL 33773                       | <del></del>                     |
| AMBR                               | Johnathan Benjamin                    |                                 |
|                                    | 12700 66th St. Apt. 2129              |                                 |
| •                                  | Largo, FL 33773                       |                                 |
|                                    |                                       |                                 |
|                                    |                                       |                                 |
| <del></del>                        |                                       | *                               |
|                                    |                                       | <del></del>                     |
|                                    |                                       |                                 |
|                                    |                                       |                                 |
|                                    |                                       |                                 |
|                                    |                                       |                                 |
|                                    |                                       | 2018 AUG 13 SECRETARY TALLAHASS |
|                                    |                                       | PR E                            |
| (Use attachment if necessary)      |                                       | E .                             |
| ,                                  |                                       | SSA                             |
|                                    |                                       | [41]                            |
| FICLE V: Other provisions, if any. |                                       | ma 宝                            |
| TICEE V. Odiel provisions, if any. |                                       | 51 8:                           |
|                                    | · · · · · · · · · · · · · · · · · · · | 7 L                             |
|                                    |                                       |                                 |

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 that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Maria Benjamin

Typed 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)