L19000048026

(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:
i

Office Use Only



200324055552

Oderow Bertinger - Land Self.

19 FEB 22 AM 9: 18
SECRETARY OF STATE
SECRETARY SEEL FLORID

N CULLIGAN FEB 2.5 2019

COVER LETTER

*Other
n US

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 12, 2019

ANITA M. CRAINE 3439 SOCIETY HILL CT COLUMBUS, OH 43219

SUBJECT: A. MARIE EVENTS & DESIGN LLC

Ref. Number: W19000013728

We have received your document for A. MARIE EVENTS & DESIGN LLC and your check(s) totaling \$155.00. 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.

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

TI : 1 904

Letter Number: 719A00002972

FILED 19 FEB 22 AM 9= 12

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 8.605.1045, Florida

Statutes.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: A. Marie Events & Design LLC (Enter Name of Other Business Entity) Limited Liability Corporation 2. The "Other Business Entity" is a $\frac{\pi}{2}$ (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) March 27, 2018 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: A. Marie Events & Design LLC (Enter Name of Florida Limited Liability Company) 4. If not effective on the date of filing, enter the effective date: March 1, 2019

5. The plan of conversion has been approved in accordance with all applicable statutes.

the date this document is filed by the Florida Department of State.)

document's effective date on the Department of State's records.

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.

(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Signed this 1st day of February	_ 20 <u>19</u>	
Signature of Authorized Representative of Limit	ed Liability Company:	
Signature of Authorized Representative:		
Printed Name: Anita M Craine	Title: Owner/Principle Planner	
Signature(s) on hehalf of Other Business Entity:	See below for required signature(s)	
Signature:		
Printed Name: WA ANITA CCAINE	Title NA OWNER	
Signature:		
Printed Name: N/A	Title: N/A	9 F
Signature:		19 FEB 22
Printed Name; N/A	Title: N/A	22 ASS
Signature:		EE G
Printed Name: N/A	Title: N/A	9:18 FEORIDA
Signatura		RICE SE
Signature: Printed Name: N/A	Title: N/A	P
	•	
Signature: Printed Name: N/A	Title: N/A	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or C	Officer	
If Directors or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liability Signature of one General Partner.	<u>v Partnership:</u>	
_		
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		

\$25.00 Articles of Conversion: Fees for Florida Articles of Organization: \$125.00

Certified Copy: Certificate of Status: \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

(Mu	st contain the words "Limited Li	bility Company, "L.L.C" or "LLC.")
ARTICLE II - Ad	dress:	
The mailing address	s and street address of th	e principal office of the Limited Liability Company is
Principal Office A	ddress:	Mailing Address:
5548 Millersfield Dr		3439 Society Hill Ct
Columbus, Ohio	<u>-</u>	Columbus, Ohio
		43219
(The Limited Liability Co business entity with an a	ompany cannot serve as its own Factive Florida registration.)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual at another
ARTICLE III - R (The Limited Liability Co- business entity with an a	ompany cannot serve as its own Factive Florida registration.) Florida street address of t	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual of anothers ne registered agent are:
ARTICLE III - R (The Limited Liability Co- business entity with an a	ompany cannot serve as its own Factive Florida registration.) Florida street address of t Tyrenisha Barnes	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual apportune and registered agent are:
ARTICLE III - R (The Limited Liability Co- business entity with an a	ompany cannot serve as its own Factive Florida registration.) Florida street address of t Tyrenisha Barnes	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual apportune and registered agent are:
ARTICLE III - R (The Limited Liability Co- business entity with an a	ompany cannot serve as its own Factive Florida registration.) Florida street address of t Tyrenisha Barnes N 3177 Arthur Circle	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual at another ne registered agent are:
ARTICLE III - R (The Limited Liability Co- business entity with an a	ompany cannot serve as its own Factive Florida registration.) Florida street address of t Tyrenisha Barnes N 3177 Arthur Circle	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual all anothers ne registered agent are:

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..

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager N/A	N/A
IVA	IVA
<u>N/A</u>	N/A
<u>N/A</u>	N/A ALL ANSSET N/A PER S
<u>N/A</u>	N/A N/A
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a member of	r an authorized representative of a member
This document is executed in accordance	ce with section 605.0203 (1) (b), Florida Statutes, I am aware that ument to the Department of State constitutes a third degree felong
This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S. Anita M Craine	re with section 605.0203 (1) (b), Florida Statutes, I am aware that ument to the Department of State constitutes a third degree felong typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability