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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

FILED

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COVER LETTER

TO: New Filing S Division of C				
SUBJECT: Sun Kisse	ed Tans LLC			
3000ECT.	(Name of Re	sulting Florida Limi	ted Cor	npany)
		_		nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
Amber Jackson				
	(Contact Person)	•	_	
Sun Kissed Tans LLC				
	(Firm/Company)		_	
13206 Road Runner Ave				
	(Address)		_	
Weeki Wachee, FL 3461	4			
	City, State and Zip Code)		_	·
sunkissedflorida@gmail	com			
E-mail Address: (to b	e used for future annual re	port notifications)	-	
For further informati	on concerning this ma	tter, please call:		
Amber Jackson		_at (³⁵²	584-3	3603
(Name of Conta	ect Person)	(Area Code) (Day	rtime Telephone Number)
	or the following amou a bank located in the		oroces:	sed by this office must be payable in US
S150.00 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 ADDRES	S:	MAIL	ING A	ADDRESS:
New Filing Section		New F		
Division of Corporat	ions			Corporations
Clifton Building	G: 1	P. O. E		
2661 Executive Cent	er Circle	Tallaha	issee.	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: Turbo Tan, Inc # P3-41218
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation
(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)
on 4-11-03
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Sun Kissed Tans 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.

FILED

2019 HAR 14 AM 9: 02
SECRETARY OF STATE
TALLAHAS SEF FINENCE

Signed this 11	day of March	20 19
Signature of Aut	horized Representative of Lin	ited Liability Company:
Signature of Auth	norized Representative:	
Printed Name: Amb	per Jackson	Title: President
Signature(s) on b	ehalf of Other Business Entity:	[See below for required signature(s)]
	feur Jackson	
Signature:	Jan Com	
Printed Name: Amb	per Jackson	Title: President
Signature:		
Printed Name:	<u> </u>	Title:
	· -	
Signature:		
Printed Name:		Title:
Signature:		Title:
Printed Name:		Hitle:
Signature:		
Printed Name:		Title:
	-	
Signature:		
Printed Name:		Title:
TEEL 11 C		
If Florida Corpor	ration: man, Vice Chairman, Director, or	Officer
	icers have not been selected, an In	
ii blicetors or on	icers have not been selected; an in	ecorporator must sign.
If Florida Genera	l Partnership or Limited Liabili	ity Partnership:
Signature of one G		
	d Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL	<u>.</u> General Partners.	
All others:		
Signature of an aut	thorized person.	
	periodical	
Fees:		
	Conversion:	\$25.00
	lorida Articles of Organization:	\$125.00
Certified C	, -	\$30.00 (Optional)
Certificate	of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Sun Kissed Tans LLG		
()	lust contain the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - A The mailing addre		e principal office of the Limited Liability Company is
Principal Office	Address:	Mailing Address:
2149 Mariner Blvd		13206 Road Runner Ave
2149 Mariner Blvd Spring Hill, FL 3460 ARTICLE III - I The Limited Liability Obusiness entity with an	Registered Agent, Registe	Weeki Wachee, FL 34614 ered Office, & Registered Agent's Signature: legistered Agent. You must designate an individual or another
2149 Mariner Blvd Spring Hill, FL 3460 ARTICLE III - I The Limited Liability (business entity with an	Registered Agent, Registe Company cannot serve as its own R active Florida registration.)	Weeki Wachee, FL 34614 ered Office, & Registered Agent's Signature: legistered Agent. You must designate an individual or another
2149 Mariner Blvd Spring Hill, FL 3460 ARTICLE III - I The Limited Liability (business entity with an	Registered Agent, Register Company cannot serve as its own Reserve Florida registration.) Florida street address of the Amber Jackson	Weeki Wachee, FL 34614 ered Office, & Registered Agent's Signature: legistered Agent. You must designate an individual or another
2149 Mariner Blvd Spring Hill, FL 3460 ARTICLE III - I The Limited Liability (business entity with an	Registered Agent, Register Company cannot serve as its own Reserve Florida registration.) Florida street address of the Amber Jackson	Weeki Wachee, FL 34614 ered Office, & Registered Agent's Signature: legistered Agent. You must designate an individual or another the registered agent are:
2149 Mariner Blvd Spring Hill, FL 3460 ARTICLE III - I The Limited Liability C business entity with an	Registered Agent. Register Company cannot serve as its own Reserve Florida registration.) Florida street address of to Amber Jackson N 2149 Mariner Blvd	Weeki Wachee, FL 34614 ered Office, & Registered Agent's Signature: legistered Agent. You must designate an individual or another the registered agent are:
2149 Mariner Blvd Spring Hill, FL 3460 ARTICLE III - I The Limited Liability (business entity with an	Registered Agent. Register Company cannot serve as its own Reserve Florida registration.) Florida street address of to Amber Jackson N 2149 Mariner Blvd	Weeki Wachee, FL 34614 ered Office, & Registered Agent's Signature: degistered Agent. You must designate an individual or another the registered agent are: ame

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Memb	ber
"MGR" = Manager	
President	Amber Jackson
	13206 Road Runner Ave
	Weeki Wachee, Fl. 34614
Vice President	Christopher Jackson
	13206 Road Runner Ave
	Weeki Wachee, FL 34614
	
(Use attachment if necessary)	
CLE V: Other provisions, if any	
REQUIRED SIGNATURE:	Sub Jadi
This document is executed in acc	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 felon
Amber Jackson	
	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)