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(Requestor's Name)		
(Address)		
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

SUBJECT: HONEYKIR	L, SHORTY	4 TAGGY LLC		
	(Name of Res	ulting Florida Limited Con	npany)	
The enclosed Articles of Co Business Entity" into a "Flo		_		
Please return all corresponde	ence concerning	g this matter to:		
ANITA CLARK	-EANEL act Person)			
(Firm	/Сотралу)			
724 NORM	ANDY Paddress)			
DELRAY BEACH (City, State	FL 3 e and Zip Code)	3484		- 10 元 - 10 次 - 10 次 - 10 次 - 20
FPORKLIND 9 E-mail Address: (to be used for	@ ADL.C	COM		27
E-mail Address: (to be used to	or ruture annuai rep	ort notifications)		
For further information cond	erning this mat	ter, please call:		4.2
ANITH CLARK-F (Name of Contact Person	ANELLI	_at (<u>954</u>) \$	24 - 1710	5
Enclosed is a check for the f dollars and drawn on a bank	ollowing amou	nt: (All checks process		yable in US
	5.00 Filing Fees rtificate of	☐\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS:		MAILING A	ADDRESS:	
New Filing Section	· · · · · · · · · · · · · · · · · · ·			
Division of Corporations		Division of C	Corporations	

Tallahassee, FL 32314

P. O. Box 6327

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

New Filing Section

Division of Corporations

TO:

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: HONEYGIRL SHORTY OF TAGY INC. (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
on 12/1/18 (date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
HONEY GRL, SHORT OF TAGY, LLC (Enter Name of Florida Limited Liability Company)
(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 18 day of March	20 9		
Signature of Authorized Representative of Limited Liability Company:			
Signature of Authorized Representative: Printed Name: HNTH CLARK FANELL	Title: PRESIDENT		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)		
Signature: and Clark. Fane Printed Name: AN' ITA CLARK-FANELLO	llc ETitle: <u>PRESIDENT</u>		
Signature:			
Signature: Printed Name:	Title:		
Signature:			
Signature:Printed Name:	Title:		
Signature:Printed Name:	Title:		
Signature:Printed Name:	Title:		
Signature:Printed Name:	rou.		
Printed Name:	little:		
If Florida Corporation:			
Signature of Chairman, Vice Chairman, Director, or Officers have not been collected as Inc.			
If Directors or Officers have not been selected, an Incorporator must sign.			
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.			
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.			
All others: Signature of an authorized person.			
<u>Fees:</u>			
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: HOMEY FIRE, SHORTH & TAB (Must contain the words Limited Liability)	
ARTICLE II - Address:	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
724 NORMANDY P DELRAY BEACH FL 33/94	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r	tered Agent. You must designate an individual or another 20 20 20 20 20 20 20 20 20 20 20 20 20
MBJ CONSULY Name	7 Norle
5367 NW 21 ⁵⁷ Florida street address (P.O	AVE
BOCARATON City	FL 33496
Having been named as registered agent and to	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as

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)

Registered Agent's Signature (REQUIRED)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	ANITA CLATZH-FANEUI 724 NORMANDY P Zelney Brach (FL >37484
	9
	-
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	to un
REQUIRED SIGNATURE:	ielli
Signature of a member or a This document is executed in accordance vany false information submitted in a docum as provided for in s.817.155, F.S.	in authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware that the to the Department of State constitutes a third degree felony
Anita Clark- Fond	
Typ	ed 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)