# L1900249404

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

Office Use Only

N. SAMS OCT 16. 2019



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# FLORIDA DEPARTMENT OF STATE Division of Corporations

October 1, 2019

JODINE HUBBARD 6979 SUPERIOR ST CIR SARASOTA, FL 34243

SUBJECT: UNNECESSARY ENTERTAINMENT CORPORATION

Ref. Number: W19000087796

We have received your document for UNNECESSARY ENTERTAINMENT CORPORATION and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There must be a designated person to sign where it states on the Conversion Form. "Signature on behalf of Other Business Entity."

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

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.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 619A00020186

N rasponse 10: Netter# 619 A 00020186 **COVER LETTER** 

**TO:** New Filing Section Division of Corporations

SUBJECT:	Unnecessary	Entertainment	LLC.
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(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Jodine Hubbard				
	(Contact Person)			
Unnecessary Entertainm	ent Corporation			
	(Firm/Company)			
6979 Superior St. Cir.				
	(Address)			
Sarasota, FL 34243				
(1	City, State and Zip Code)	<del></del>		
jodyh2007@verizon.net				
E-mail Address: (to b	be used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Jodine Hubbard		at ( <sup>941</sup> ) <sup>704</sup> -	6044	
(Name of Conta	ict Person)	·····/	ivtime Telephone Number)	_
	for the following amou a bank located in the	•	ssed by this office must	, 14
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	■\$185.00 Filing Fees, Certified Copy, and Certificate of Status	19 A00020 18 V
STREET ADDRES New Filing Section		New Filing	ADDRESS: Section	La Row III
Division of Corporat	ions	Division of a P. O. Box 67	Corporations	b [1]

### STREET ADDRESS:

New Filing Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### MAILING ADDRESS:

New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

### **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: Unnecessary Entertainment Corporation
(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 Florida  (Enter state, or if a non-U.S. entity, the name of the country)
11/09/2004
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:
Unnecessary Entertainment 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 8th day of October	
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: <b>Quality</b> Printed Name: Jodine Hubbard	Title: AMBR
Frinted Ivanie, Joune Haddard	Title. Allok
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name: Jeffine Hubbard	
Printed Name: Infline Hubbard	Title: ANBR
•	
Signature: Printed Name:	
0.	
Signature:Printed Name:	Title
Times , tame.	
Signature:	
Printed Name:	
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 In	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership;
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Unnecessary Entertain	nment LLC.		
		ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ac The mailing addre		e principal office of the Limited Liability Company is	:
Principal Office A	Address:	Mailing Address:	
6979 Superior St. Cir		6979 Superior St. Cir.	
Sarasota, FL 34243	<del> </del>	Sarasota, FL 34243	
The name and the	Florida street address of the Jodine Hubbard	he registered agent are:	
	N	ame	
	N 6979 Superior St. Cir.		
	6979 Superior St. Cir.	P.O. Box NOT acceptable)	
	6979 Superior St. Cir.	P.O. Box <u>NOT</u> acceptable)  FL 34243	
	6979 Superior St. Cir. Florida street address (	P.O. Box NOT acceptable)	

(CONTINUED)

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

- 11 A R 4 (3 (3 (4 ) )   - A	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Jodine Hubbard
	6979 Superior St. Cir.
	Sarasota, FL 34243
<del></del>	<del></del>
(Hea attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)  CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	Jaker D
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:	Janauthorized representative of a member
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware the
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a docu	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware the
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a docu	with section 605.0203 (1) (b), Florida Statutes. I am aware the

# 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)