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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SIGNETAN OF STATE
ALLAHASSEE, FLORIDA

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W19-110648



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 23, 2019

ENSIE DORCEY PROFESSIONAL CARIBBEAN BEAUTY LLC 6338 SOLANDRA DR JACKSONVILLE, FL 32210

SUBJECT: PROFESSIONAL CARIBBEAN BEAUTY LLC

Ref. Number: W19000110648

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

Please provide the correct titles per the instructions in the Articles 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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 819A00026089



www.sunbiz.org

COVER LETTER

	Corporations		
SUBJECT: Pr	otessional (Name of Res	Caribbe Florida Limited Con	an Beauty LLC
Business Entity" in	es of Conversion. Artic to a "Florida Limited Li rrespondence concerning	ability Company" in a	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S. CUMENT NUMBER: P15000076359
_Ensie	Darcer (Contact Person)		EIN NO 47-5041170
_	(Firm/Company) landra Dr (Address)	1 Beauty LLC	
E-mail Address: (to	(City, State and Zip Code) 1999	port notifications)	
Fosic D		at (904) 3	49-5358 rtime Telephone Number)
Enclosed is a check dollars and drawn of	for the following amount a bank located in the	int: (All checks proces United States)	sed by this office must be payable in US
S150.00 Filing Fee: (\$25 for Conversion & \$125 for Articles of Organization)	is □\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	25185.00 Filing Fees. Certified Copy, and Certificate of Status
STREET ADDRF New Filing Section Division of Corpor Clifton Building 2661 Executive Ce	ations	MAILING A New Filing S Division of C P. O. Box 63 Tallahassee.	Section Corporations 27

Tallahassee, FL 32301

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: Professional Caribbean Beauty Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Corporation</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
on O9/14/2015 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Professional Caribbean Beauty LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: <u>09/14/2015</u> . (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.

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Signed this _25 m day of November	_20 <u>19</u>	
Signature of Authorized Representative of Limit	ted Liability Company:	
Signature of Authorized Representative: Enclosed Printed Name: En Sie Softe G		
Signature(s) on behalf of Other Business Entity:		
Signature: Fosie Dorcey	-Title: \\ _Manager	•
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 Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		-
Unac		7

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Professional Caribbean Beauty LLC (Must contain the words "Limited Liability Company, "E.L.C." or "E.C.")

ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Professional Caribbean BeautyLLC	Fasic Darcey
10663 Monaco Dr Unit 301	Ensie Dorces
Jacksonville FL 32218	Jacksonville FL 32210

ARTICLE III - Registered Agent, Registered Office. & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Ensie Dorcey	19 20 20 20 30 30 30 30 30 30 30 30 30 30 30 30 30
6338 Solandra Dr Florida street address (P.O. Box NOT acceptable)	FIL DEC -2 CRE LAN LAHASSI
Jachsonville FL 32210 City Zip	PH 3:

Mailing Address:

Having been named as registered agent and to accept service of process for the above stated limitedriliability company at the place designated in this certificate. Thereby 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:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGP	Ensie Dorcey 6338 Solandra Dr Jacksonville FL 32210
(Use attachment if necessary)	FIL DEC -2 METAO ANIASSI
ARTICLE V: Other provisions, if any.	
	DE 9

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.

Ensie Dorcey

Syped 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)