

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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February 6, 2020

LAURIE STEEL SATEL 3903 NORTHDALE BLVE, AFE 100E STE 100E TAMPA, FL 33624

SUBJECT: IM DESIGN CONCEPTS LLC

Ref. Number: W20000008654

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

PLEASE GIVE AN ADDRESS FOR THE MGR.

-Provided - please file

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.

Keyna E Page Regulatory Specialist II

Letter Number: 620A00002690



January 29, 2020

LAURIE STEEL 3903 NORTHDALE BLVE,DTE 100E TAMPA, FL 33624

SUBJECT: IM DESIGN CONCEPTS LLC

Ref. Number: W20000008654

We have received your document for IM DESIGN CONCEPTS LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

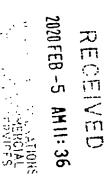
Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

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.

Keyna E Page Regulatory Specialist II

Letter Number: 120A00002072



### **COVER LETTER**

TO:	New Filing Se Division of C					
SHR	JECT:	IM Desi	gn Coi	ncepts LLC		
300		(Name of Res	ulting I	Florida Limi	ted Con	npany)
						d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corre	espondence concerning	g this	matter to:		
		Laurie Satel, Esquire				
		(Contact Person)	_		_	
		Satel Law, PLLC			_	
	<u>-</u> -	(Firm/Company)	_		-	
	390	3 Northdale Blvd Ste #1	00E			
		(Address)			_	
		Tampa, FL 33624				
_	((	City, State and Zip Code)			_	
	1	frankf@nalights.com				
E-	mail Address: (to b	e used for future annual re	port no	tifications)	-	
For f	urther informati	on concerning this ma	tter, p	lease call:		
	Laurie Satel		at (_	813	563-0	
	(Name of Conta	ict Person)		(Area Code	) (Day	time Telephone Number)
		or the following amou a bank located in the			process	sed by this office must be payable in US
(\$25 f	50.00 Filing Fees for Conversion 25 for Articles ganization)	☐\$155.00 Filing Fees and Certificate of Status		180.00 Filing Certified Co		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee.	ection Corporations 27			New I Divis The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

## 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.

The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  I M Design Concepts LLC, a CT domestic limited liability company
(Enter Name of Other Business Emity)
2. The "Other Business Entity" is a limited liability company  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
January 26, 2016  (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
IM Design Concepts 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 day of February	20 <u>20</u> .		
Signature of Authorized Representative of Limit	ed Liability Company:		
Signature of Authorized Representative:	wh Intropedle Rinkege	9 <sup>7</sup>	
Signature(s) on behalf of Other Business Entity: [S			
Signature(s) on benait (if Other Business Flatty.	see perovitor required signature(8)		
Signature: Frank Fitzgerald.  Printed Name: Frank Fitzgerald.	Title: CEC Klasjager	-	
Signature:Printed Name:	Title:	~	
Signature:Printed Name:	Title:	-	
Signature:Printed Name:	_ Title:	- -	
Signature:		_	
Signature:Printed Name:	_ Title:	-	
Signature:	Til	_	
Printed Name:	_ t me:	-	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer. corporator must sign.		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y 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.			
Fees:		ري (100 –	202
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	DRE ANT DE STA ALLAHASSEE, FL	2020 FEB 17 PM 8: 2
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ARTICLE 1 - Name: The name of the Limi	ited Liability Company	is:	
	IM Design	Concepts LLC	
(Must c	contain the words "Limited Utal	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addr			
The mailing address a	and street address of the	e principal office of the Limite	ed Liability Company is:
Principal Office Add	dress:	Mailing Address:	
9940 Currie Davis Drive	e. Ste C-138	9940 Currie Davis Drive, S	Ste C-138
Tampa, FL 33619	0, 0,0 0 100	Tampa, FL 33619	
(The Limited Liability Comp business entity with an acti	pany cannot serve as its own Re		individual or another
_		ame	
<del>-</del>		le Blvd Ste #100E	
1	Florida street address (I	P.O. Box <u>NOT</u> acceptable)	
<u>T.</u>	ampa	FL 33624	
<del></del>	City	Zip	
liability compan	ny at the place designate nd agree to act in this ca o the proper and comple	nd to accept service of process of in this certificate. I hereby a pacity. I further agree to compete performance of my duties.	ccept the appointment as ply with the provisions of al

MGR" = Manager MGR  Frank Fitzgerald  4440 (URRIE DANIS DENE STEC  TAMMA CL 33619  (Use attachment if necessary)  LE V: Other provisions, if any.	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
(Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Jamus Family Family  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 any false information submitted in a document to the Department of State constitutes a third degree fe as provided for in s.817.155. F.S.  Typed or printed name of signee	"MGR" = Manager	Frank Fitzgerald
(Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:  La manufacture 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 any false information submitted in a document to the Department of State constitutes a third degree fe as provided for in s.817.155. F.S.  Typed or printed name of signee	MGK	9940 CURRIE DAVIS DRIVE STEC
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Typed or printed name of signee	REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordant.	or an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware
Typed or printed name of signee	REQUIRED SIGNATURE:  Signature of a member	or an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware
	REQUIRED SIGNATURE:  Signature of a member	or an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware cument to the Department of State constitutes a third degree fe

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

ARTICLE IV-