# L20000 103108

(Re	equestor's Name)	
(Ad	dress)	
4444		
bA)	dress)	_
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Ma Will Sall 1

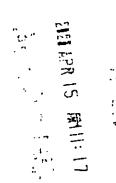
APR 1 6 2020

T. SCOTT



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**Division of Corporations** 

March 27, 2020

TATIANA PUENTES 13720 SW 268 ST APT 104 HOMESTEAD, FL 32032

SUBJECT: BEAUTIFUL KIDS BEHAVIOR SERVICES, INC

Ref. Number: W20000033061

We have received your document for BEAUTIFUL KIDS BEHAVIOR SERVICES, INC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Non profit corporation can not convert to a profit corporation but change information #3 on converion paper work for conversion to IIc.,

Please return the corrected original and one copy of 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.

Letter Number: 020A00006762

Tyrone Scott Regulatory Specialist II New Filings Section

www.sunbiz.org

### **COVER LETTER**

TO: New Filing Sec Division of Co		,		
SUBJECT: BEAUTIFE	JL KIDS BEHAVIOR S	ERVICES INC		
SUBJECT:	(Name of Res	ulting Florida Limi	ted Con	npany)
				d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	spondence concerning	g this matter to:		
TATIANA PUENTES				
	(Contact Person)		_	
BEAUTIFUL KIDS BEH	AVIOR SERVICES			
	(Firm/Company)		-	
13720 SW 268 ST APT	104			
	(Address)		_	
HOMESTEAD, FL 3303	2			
(C	ity. State and Zip Code)	<del></del>	_	
PUENTATI@GMAIL.CO				
E-mail Address: (to be	used for future annual re	port notifications)	-	
For further informatio	n concerning this ma	tter, please call:		
	., •,,•,	•	0858	006
TATIANA PUENTES		_at (	) 9858	rtime Telephone Number)
(Name of Contac	t Person)	(Area Code	) (Day	time Telephone Number)
Enclosed is a check for dollars and drawn on a	_	•	process	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addr	ess:		Stree	t Addres <u>s:</u>
New Filing Se	ction		New	Filing Section
Division of Co				ion of Corporations
P.O. Box 6327	•		ine C	Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

### **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:  BEAUTIFUL KIDS BEHAVIOR INC 19000000000000000000000000000000000000
(Enter Name of Other Business Enlity)
2. The "Other Business Entity" is aNON PROFIT 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)
01/22/2019 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: BEAUTIFUL KIDS BEHAVIOR, 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

417

which such members are entitled under ss. 695-1006 and 605-1061-605:1072, P.S.

Signed this 11	day of MARCH	
Signature of Aut	horized Representative of Limi	ited Liability Company:
Signature of Auth	orized Representative:	<i></i>
Printed Name: TATI	ANA PUENTES	Title: MGR
Signature(s) on be	ehalf of Other Business Entity:	
6:	(A)a	
Signature:	ANA PUENTES	Title: P
rimed Name.		
Signature:		ro! 1
Printed Name:		Inte:
Signature:		
Printed Name:		Title:
Sionature		
Printed Name:		Title:
Signature:		Title
riintea name:		rac.
Signature:		
Printed Name:		Title:
If Florida Corpor	ration:	
Signature of Chair	man, Vice Chairman, Director, or	
If Directors or Off	icers have not been selected, an In	corporator must sign.
If Florida Conera	d Partnership or Limited Liabili	ity Partnershin:
Signature of one C		ty rai (neromp.
_		
	<u>d Partnership or Limited Liabili</u> . General Partners.	ity Limited Partnership:
orginatures or ALL	2 General Farmers.	
All others:		
Signature of an au	thorized person.	
Fees:		
Articles of	f Conversion:	\$25.00
	lorida Articles of Organization:	\$125.00
Certified (	Copy:	\$30.00 (Optional)
Certificate	of Status:	\$5.00 (Optional)

ARTICLE I - Na	•	· · · · · · · · · · · · · · · · · · ·	LITY COMPANY
BEAUTIFUL KIDS B	EHAVIOR SERVICES, LLC	ability Company, "L.L.C.," or "LLC.")	
		animy Company, "L.L.C.," or LLC. )	
ARTICLE II - A The mailing addre		e principal office of the Limited I	liability Company is:
Principal Office	Address:	Mailing Address:	
13720 SW 268 ST U	NIT 104	13720 SW 268 ST	
HOMESTEAD, FL 33		UNIT 104	
		HOMESTEAD FL 33032	
	Florida street address of t  TATIANA PUENTES		
	N	ame	
	13720 SW 268 ST UNIT 104	4	
	Florida street address (	P.O. Box NOT acceptable)	
	HOMESTEAD	FL 33032	
	City	Zip	
liability com registered agen statutes relativ	pany at the place designate t and agree to act in this ca ng to the proper and compl	nd to accept service of process for a ed in this certificate. I hereby accept spacity. I further agree to comply vete performance of my duties, and s registered agent as provided for i	ot the appointment as with the provisions of all I am familiar with and
	Registered Agent's	Signature (REQUIRED)	70
	(CON	ΓINUED)	TS 1811:16

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	TATIANA PUENTES
	13720 SW 268 ST UNIT 104
	HOMESTEAD FL 33032
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
<u>REQUIRED</u> SIGNATURE:	
(kg)	

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)

TATIANA PUENTES