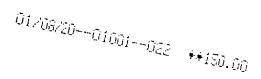
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

February 11, 2020

NICOLE J. DONNELL 9229 HILLCROFT DRIVE RIVERVIEW, FL 33578

SUBJECT: BLACK GIRL BUDGET, LLC

Ref. Number: W20000014000

We have received your document for BLACK GIRL BUDGET, 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in the second conversion. with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

> 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 LO'KEEFE Regulatory Specialist II

Letter Number: 620A00003088

COVER LETTER

	v Filing S Ision of C	ection Corporations				
		rl Budget, LLC				
SUBJECT			sulting Florida Limite	d Con	npany)	_
			_		d fees are submitted to coordance with s. 605.1	
Please retur	n all corr	espondence concernin	g this matter to:			
Nicole Donn	ell					
		(Contact Person)				
Black Girl Bu	udget, LLC	;				
(Firm/Company)						226 第 …
2541 N Dale	Mabry H	vy				6 = 1
		(Address)				·
Tampa, FL 3	3607					5: 42
	(1	City, State and Zip Code)				~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
blackgirlbudg	get@gmai	l.com				
E-mail Ad	dress: (to b	e used for future annual re	port notifications)			
For further	informati	on concerning this ma	tter, please call:			
			at ()		time Telephone Number)	_
(Nan	ne of Conta	act Person)	(Area Code)	(Day	time Telephone Number)	
		for the following amou a bank located in the		ocess	sed by this office must b	ne payable in US
\$150.00 Fi (\$25 for Conv & \$125 for Ar of Organization	ersion ticles	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing F and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	* Alreado paid.
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Ī	New I Divisi The C	t Address: Filing Section fon of Corporations Centre of Tallahassee N. Monroe Street, Suite	810

INHS11 (7/17)

Tallahassee, FL 32303

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: Black Girl Budget, Co.
(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
(Enter state, or if a non-U.S. entity, the name of the country)
July 1, 2019 on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Black Girl Budget, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: April 20, 2020
(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.

201112 -8 PH 5: 4

Signed this 29th day of December	_ 20 <u></u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Nucley Printed Name: Nicole J. Donnell	Title: DCE D/ Agent
Signature(s) on behalf of Other Business Entity:	
Signature: Micole J. Donnell Printed Name: Micole J. Donnell	Title: CEO Agent
Signature:Printed Name:	Tid
Printed Name:	Title:
Signature:Printed Name:	Title
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	
All others: Signature of an authorized person.	
Fees:	
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 Liabilit	y Company is:			
Black Girl Budget, LLC			_	
(Must contain the wor	ds "Limited Liability	y Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:				
_	ddress of the pr	incipal office of the Limited Liability (Company is:	
Principal Office Address:		Mailing Address:		
2541 N. Dale Mabry Hwy		2541 N. Dale Mabry Hwy		
Tampa, FL 33607		Tampa, FL 33607		
			_	
	ve as its own Regist stration.)	Office, & Registered Agent's Signat ered Agent. You must designate an individual or an egistered agent are:		
Nicole Donnel	1			
	Name			
2541 N. Dale	2541 N. Dale Mabry Hwy			
Florida stree	Florida street address (P.O. Box NOT acceptable)			
Tampa		FL ³³⁶⁰⁷		
-	City	Zip		
		accept service of process for the above this certificate, I hereby accept the appe		

Having been named as registered agent and to accept service of process for the above stated limited 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:				
"AMBR" = Authorized Member "MGR" = Manager					
CEO MAN	Nicole Donnell				
					
	0				
(Use attachment if necessary)		.			
		=			
FICLE V: Other provisions, if any.		- -			
	<u></u>				
	 				

REQUIRED SIGNATURE:	^ •		
Ntindo	\ D	el	

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.

Nicole Donnell	

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)