L20000138578

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

Office Use Only



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C RICO APR 2 7 2020

COVER LETTER

	New Filing So Division of C				
SUBJE	CT. Beautiful	Beginnings LLC.			
90000		(Name of Res	ulting Florida Limi	ted Com	ipany)
		· · · · · · · · · · · · · · · · · · ·	_		d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please r	eturn all corre	espondence concerning	g this matter to:		
Lorie-Ar	nn Hickman				
		(Contact Person)		_	
HHGRA	AFIX				
		(Firm/Company)		_	
1548 R	oyal Oaks Drive	е			
		(Address)		_	
Apopka	. FL 32703				
	((City, State and Zip Code)		-	
info @ h	hgrafixdesigns	.com	nafixdesiuns	em.	
E-ma	il Address: (to b	e used for future annual re	port notifications)	_	
For furt	her information	on concerning this ma	tter. please call:		
Lorie-Ar	nn Hickman		at (⁴⁰⁷	ւ 435-1	689
	(Name of Conta	et Person)	(Area Code) (Day	time Telephone Number)
		or the following amou a bank located in the		process	ed by this office must be payable in US
(\$25 for 6	00 Filing Fees Conversion or Articles ization)	■\$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 Add New Filing So Division of C P.O. Box 632 Tallahassee, 1	ection orporations 7		New F Divisi The C	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

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.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a Pl6060081429 (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fi	rst organized, formed or incorporated under the laws of
	(Enter state, or if a non-U.S, entity, the name of the country)
on	10/05/2016
OH	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Ве	eautiful Beginnings LLC.
	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
-	he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
No	te date this document is filed by the Florida Department of State.) te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the rument'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 th	ris 23 day of April	20 20 .
		tive of Limited Liability Company:
Signature	e of Authorized Representative	of the Desire
Printed N	ame: Lorie-Ann Hickman	Title: Owner
<u>Signature</u>	e(s) on behalf of Other Busine	ess Entity: [See below for required signature(s)]
Signature		
Printed N	ame: Lorie-Ann Hickman	Title: President
	, ,	
	Incell flicke	
Printed N	ame: Tyrell Hickman	Title: Vice President
Cimarus		
Printed No	;	Title:
Signature:	·	
Printed Na	ame:	Title:
Cisatura		
Signature. Printed No	ame.	Title:
· · · · · · · · · · · · · · · · · · ·		Title.
Signature:		
Printed Na	ame:	Title:
If Flanida	Componetions	
	<u>Corporation:</u> of Chairman, Vice Chairman, I	Director or Officer
		ected, an Incorporator must sign.
		•
	General Partnership or Lim	ited Liability Partnership:
Signature	of one General Partner.	
lf Florida	Limited Partnership or Lim	ited Liability Limited Partnership:
Signatures	of ALL General Partners.	
All others	<u>:</u> of an authorized person.	
Signature (of an authorized person.	
Fees:		
Ar	ticles of Conversion:	\$25.00
	es for Florida Articles of Orga	
	ertified Copy:	\$30.00 (Optional)
Ce	ertificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	T	IC	L.	F.	I	_	N	3	m	e

The name of the Limited Liability Company is:

Beautiful Beginnings ELC.

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
Lorie-Ann Hickman	1548 Royal Oaks Drv.'
1548 ROYAL Oaks Dr.	Orlando, FL 32703
Orlindo FL 32703	<u> </u>

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:

Name

1848 Royal Outs Ors

Florida street address (P.O. Box NOT acceptable)

Prophy

City Zip

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)

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as provided for in s.817,155, F.S.

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	
Manager Manager	Lorie-Ann Hickman
	1548 Royal Oaks Drive
•	Apopka, FL 32703
Authorized Member	Tyrell Hickman
	1548 Royal Oaks Drive
€ .	Apopka, FL 32703
3	
	<u> </u>
,	
•	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	

Lorie-Ann Hickman
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)