12100098331

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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TO LANGE TO PH 1: 04

TO: Registration Se Division of Consultation	rporations LINSON'S O	COVER LETTER A FORMULA Limited Con	Jewelry Sh	op, LLC
The enclosed Articles of Business Entity" into a	of Conversion, Article 1 "Florida Limited Lis	es of Organization, an ability Company" in a	d fees are submitted to occordance with s. 605.10	convert an "Other 145, F.S.
Please return all corres	pondence concerning	this matter to:		
Sherr	y Williasor			Cb# 7212
Old Fach	(Contact Person) (Firm/Company)	Shop	4	posted 12/11
oldfashion	(Address) Lelia F L ty, State and Zip Code) Lewely We lessed for future annual rep	2392 Vontier.com	A N	
For further information Nevry (Name of Contact	ilkinson	at (81)	time Telephone Number)	
Enclosed is a check for dollars and drawn on a	r the following amour bank located in the U	nt: (All checks process Inited States)	sed by this office must be	e payable in US
(\$25 for Conversion	S155.00 Filing Fees and Certificate of Status	S180.00 Filing Fees and Certified Copy	S185.00 Filing Fees, Certified Copy, and Certificate of Status	2020 DEC 11
STREET ADDRESS: Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle	MAILING A Registration S Division of C P. O. Box 633 Tallahassee, I	Section orporations 27	CHI PH 1: 04 ASSEE, FYSISE,

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.

Statutes.	-	-		
1. The name of the "Other Business Entity" imme	diately prior to t	the filing of the Artic	les of Conve	ersion is:
(Enter Name of Other			-	
2. The "Other Business Entity" is a LIMITED		Y COZP ation, limited partnership	 .	
· - • •	•	or business trust, etc.)	•	
First organized, formed or incorporated under the l	aws of //كار	ALA or if a non-U.S. entity, the	e name of the	
on <u>09/25/2009</u> .	(22121 3204)			,, ,
(date of organization, formation or incorporation)				
3. The name of the Florida Limited Liability Comp	•		_	anization:
WILKINSONS OLD PASHION			٢	
(Enter Name of Plorida Limited	Liability Company	<i>(</i>)		
4. If not effective on the date of filing, enter the ef	fective date:	1/01/2021	•	
(The effective date: 1) cannot be prior to date o	f receipt or file	d date nor more tha		
date this document is filed by the Florida Depar				ze effective
date listed in the attached Articles of Organizati Note: If the date inserted in this block does not meet the app	i on, ii an eilecti licable statutory fil	ing requirements, this dat	reun.) te will not be F	isted as the
document's effective date on the Department of State's recon	ds.			
5. The plan of conversion has been approved in acc	cordance with al	l applicable statutes.		
 The "Converted or Other Business Entity" has agree which such members are entitled under ss. 605.10 	eed to pay any m 06 and 605.1061	embers having apprai -605,1072, F.S.	sal rights the	amount to
			3.3	0.5
				020
1	Page 1 of 2		<i>5</i> , 25, 25, 25, 25, 25, 25, 25, 25, 25, 25	2020 DEC 11
		• •	SSE	·
			1-1.	- 1

Signed this day of	_20
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: Printed Name: SHERRY WICKINSON	herry Theikenson Title: PREMINENT
Simple (a) as habelf of Other Besiness Entity:	(See below for required signature(s))
Signature: Signature:	Therenan
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature: Printed Name:	Title:
Fibried Ivanic.	
Signature:	
Printed Name:	1 itle:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an in-	corporator must sign.
If Florida General Partnership or Limited Liability	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fœs:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

Page 2 of 2

2020 DEC 11 PM 1: OL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WILKINSONS OLD FASHION (Must end with the words "Limited Linbili) JE	NELRY S	HOP, LLC
ARTICLE II - Address: The mailing address and street address of the pr			
Principal Office Address:	Mailin	g Address:	
BOKEELLA, PL 33922	1/94 Bei	CEELLA, FI	CT- - 33422
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	l Office, zred Agent.	& Registered Ap	gent's Signature: n individual or another
The name and the Florida street address of the r	egistered	agent are:	
SHERRY WILKIN	USON		
11940 TAWAS			
Florida street address (P.O			
BOKEELIA City	FL	33922	
City		Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacistatutes relating to the proper and complete paccept the obligations of my position as registered Agent's Signature Agent's Signature and the second se	this cert city. I furn performan gistered a	ificate, I hereby a ther agree to com, nce of my duties, gent as provided	ocept the appointment as ply with the provisions of al and I am familiar with and
(CONTIN	UED)		2020 TĂĨL

Page 1 of 2

•	ARTICLE IV. The name and address of each person r	Buthorized to many
	Company:	authorized to manage and control the Limited Liability
	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
,	AUBR	SHEZRY WILKINSON
		BOKEELIA PL 33922
•		
-		
_		
(I	Jse attachment if necessary)	_
		ate of filing: 01/01/2021 (OPTIONAL)
ryu q gifthe ment'i	nys niter the date of filing.)	specific and cannot be more than five business days propplicable statutory filing requirements, this date will not be listed as accords.
FYU d	ays after the date of filing.) date inserted in this block does not meet the effective date on the Department of State's re	applicable statutory filing requirements, this date will not be listed as
ryud gifthe ment'i FICLI	ays after the date of filing.) date inserted in this block does not meet the effective date on the Department of State's re VI: Other provisions, if any.	applicable statutory filing requirements, this date will not be listed as
ryud gifthe ment'i FICLI	edate inserted in this block does not meet the effective date on the Department of State's receive date on the Department of State's received to the provisions, if any. Signature of a member of This document is executed in according to the date of the content	r an authorized representative of a member. In authorized representative of statutes. In authorized of a document to the Department of State
e: if the ument's	Signature of a member of This document is executed in accordant to an aware that any false information constitutes a third degree felony as p	r an authorized representative of a member. rdance with section 605.0203 (1) (b), Florido Statutes. son submitted in a document to the Department of State provided for in s.817.155, F.S.
FYU d	Signature of a member of This document is executed in accordant to an aware that any false information constitutes a third degree felony as p	r an authorized representative of a member. Idance with section 605.0203 (1) (b), Florido Statutes. In submitted in a document to the Department of State provided for in s.817.155, F.S.
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