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

Office Use Only



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MINISTER TO SHELL

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W21-17358



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2021

STEPHANIE WASHBURN THE PERIOD COACH LLC 204 AZALEA ST PANAMA CITY BEACH, FL 32407

SUBJECT: THE PERIOD COACH LLC

Ref. Number: W21000017358

21 FEB 18 PM 3: 13 SCURCIASSI PUR CHARA

We have received your document for THE PERIOD COACH 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):

Please complete the marked sections in the Articles of Conversion. A signature is missing.

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 L O'KEEFE Regulatory Specialist II

Letter Number: 021A00003019

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: The Period Coach LLC			
	Resulting Florida Li	mited Company)	_
The enclosed Articles of Conversion, Ar Business Entity" into a "Florida Limited	-		
Please return all correspondence concern	ing this matter to):	
Stephanie Washburn			
(Contact Person)			
The Period Coach LLC			<u>a~</u> 9∂ ~
(Firm/Company)			
204 Azalea St			
(Address)		_ 	8 = =
Panama City Beach, FL 32407			FR 31
(City, State and Zip Code	e)	_	
Stasha@ThePeriodCoach.com			³⁶ / ₂ ω
E-mail Address: (to be used for future annual	report notifications)	
For further information concerning this r	natter, please cal	l:	
Stephanie Washburn	at (<u>718</u>	8121452	
(Name of Contact Person)	(Area Coo	de) (Daytime Telephone Number)	_
Enclosed is a check for the following am dollars and drawn on a bank located in the	•	s processed 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	s S180.00 Fili and Certified C		
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303	e 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.

(Enter Name of O	Other Business Entity)	
2. The "Other Business Entity" is a LLC		
(Enter entity type. Example: corporation	n, limited partnership, general partnership, common law o	or business trust, etc.)
First organized, formed or incorporated under	California the laws of	ì
,	(Enter state, or if a non-U.S. entity, the name	of the country)
1.18.2020 on .		,
(date of organization, formation or incorporation)		
2. The name of the Plenide Limited Liebility (Tamman, as out forth in the attached Anticles of	COmmon that to me
·	Company as set forth in the attached Articles o	i Organization:
The Period Coach LLC	· ·	
(Enter Name of Florida Lin	mited Liability Company)	
4. If not effective on the date of filing, enter the	1.9.2021	•
(The effective date: Cannot be prior to date the date this document is filed by the Florid	of receipt or filed date nor more than 90 cale a Department of State.) e applicable statutory filing requirements, this date will n	
5. The plan of conversion has been approved in	n accordance with all applicable statutes.	1
6. The "Converted or Other Business Entity" has which such members are entitled under ss. 60	s agreed to pay any members having appraisal rights. 1006 and 605.1061-605.1072, F.S.	nts the amount to
	ALLAN AL	21 FEI

Signed this _ 9 day of _ January	20_71		
Signature of Authorized Representative of Limit			
Signature of Authorized Representative: Printed Name: Skephan's Washburn		_	
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]		
Signature: Printed Name: Skitten & Wighter X	Title: CEO	_X -	•
Signature:Printed Name:		r	
Signature:Printed Name:	_ Title:		
Signature:Printed Name:			[;
Signature:Printed Name:	Title:		
Signature:Printed Name:	_ Title:	_	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:		71 '
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partnership:		
All others: Signature of an authorized person.			,
Fees:			l
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 Liability Company is:		
The Period Coach LLC (Must contain the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
	Panama City Brach FL 32407	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	d Office, & Registered Agent's tered Agent. You must designate an individual	dual or another
The name and the Florida street address of the respectively. S. Washburg Name 204 Azalca Florida street address (P.O.) Parama Chy Beac City Having been named as registered agent and to liability company at the place designated in	On the service of process for the service of pro	l l
registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as reg	ity. I further agree to comply wit performance of my duties, and I o	th the provisions of all am familiar with and
<u></u>		1
Registered Agent's Sign	nature (REQUIRED)	

(CONTINUED)

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	S. Washburn	
	204 Azalen St	
	Parama Lity Be.	ch FL, 3240
	·	
		- · · · ·
		
		<u> </u>
(Use attachment if necessary)		
(Use attachment if necessary)		18 18 18 18 18 18 18 18 18 18 18 18 18 1
		Final Control
LE V: Other provisions, if any.		<u>μ., α</u>
		<u>a</u> -
REQUIRED SIGNATURE:		
<u></u>		
Signature of a member or	an authorized representative	of a member
This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	with section 605.0203 (1) (b). Florida	Statutes. I am aware
·	nhoin	
Ty	nbン(へ ped or printed name of signee	
•	Filing Fees	

ARTICLE IV-