# L71000153352

(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:
<u></u> _

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W. 44314



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 2, 2021

KARHONDA WHITE 220 NW 140TH STREET MIAMI, FL 33168

SUBJECT: EXQUISITE BOOKKEEPING AND TAX SOLUTIONS, LLC

Ref. Number: W21000044314

We have received your document for EXQUISITE BOOKKEEPING AND TAX SOLUTIONS, LLC and your check(s) totaling \$185.00. However, the document has not been filed and is being retained in this office for the following:

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports 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.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 721A00006922

## **COVER LETTER**

<b>TO:</b> New Filing Section Division of Corporations			
SUBJECT: EXQUISITE BOOKKEEPING A	ND TAX SOLUTION	IS, INC (Doc #P100000206	67)
(Name of Re	esulting Florida Limite	ed Company)	<del></del>
The enclosed Articles of Conversion, Arti Business Entity" into a "Florida Limited I	<del>-</del>		
Please return all correspondence concerning	ng this matter to:		
KARHONDA WHITE			
(Contact Person)			
EXQUISITE BOOKKEEPING AND TAX SOLU	JTIONS		
(Firm/Company)	-		
220 NW 140TH STREET			2021 APR 12 PM 4: 25
(Address)			
,			
MIAMI, FL 33168			~ ~ ~ !
(City, State and Zip Code)			
exquisitetax@yahoo.com			
E-mail Address: (to be used for future annual r	report notifications)		÷== 25
For further information concerning this m	atter, please call:		, -
KARHONDA WHITE	at (	528-5636	
(Name of Contact Person)		(Daytime Telephone Numbe	<u></u>
Enclosed is a check for the following amo dollars and drawn on a bank located in the		_	
(\$25 for Conversion & and Certificate of & \$125 for Articles of Organization)	and Certified Cop	y Certified Copy, and Certificate of Status	•
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327		Street Address: New Filing Section Division of Corporations The Centre of Tallahasses	

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 <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 Ar EXQUISITE BOOKKEEPING AND TAX SOLUTIONS, INC $\rho_{0} = 0.000$	ticles of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership, con	nmon law or business trust, etc.)
First organized, formed or incorporated under the laws of	021 A
(Enter state, or if a non-U.S. entity,	, the name of the country)
03/08/2010 on .	$\sim \sim 10^{-10}$
(date of organization, formation or incorporation)	PR (D
3. The name of the Florida Limited Liability Company as set forth in the attached A	Articles of Organization:
EXQUISITE BOOKKEEPING AND TAX SOLUTIONS, LLC	<b>U</b> 1
(Enter Name of Florida Limited Liability Company)	<del></del> ·
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 tha	n 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 document's effective date on the Department of State's records.	date will not be listed as the
5. The plan of conversion has been approved in aggordance with all applicable statut	

- 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 this 3rd day of MARCH	20_2/	
Signature of Authorized Representative	of Limited Liability Company:	
Signature of Authorized Representative: Printed Name: KARHONDA WHITE	Title: OWNER/GEO	
Signature(s) on behalf of Other Business	Entity: [See below for required signature(s	s)]
Signature:	Title: OWNER/CEO	
Signature:Printed Name:	Title:	
	Title:	
Printed Name:	Title:	<del></del>
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Dir	ector, or Officer.	2321 :
If Directors or Officers have not been select  If Florida General Partnership or Limite  Signature of the Control of the Contr		
Signature of one General Partner.  If Florida Limited Partnership or Limited Signatures of ALL General Partners.	d Liability Limited Partnership:	PM 4: 26
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion:	\$25.00	

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

C		TIONS, LLC ability Company, "L.L.C.," or "LLC.")			
ARTICLE II - A				_	_
The mailing addr	ress and street address of th	e principal office of the Limited	. Liability	Compai	ny is:
Principal Office	Address:	Mailing Address:			
220 NW 140TH S	Т	220 NW 140TH ST			
MIAMI, FL 33168		MIAMI, FL 33168		_	
				_	
(The Limited Liability	Company cannot serve as its own R	ered Office, & Registered Agel Registered Agent. You must designate an in			
(The Limited Liability				inother	
(The Limited Liability business entity with a	Company cannot serve as its own R	tegistered Agent. You must designate an ir		inother	
(The Limited Liability business entity with a	Company cannot serve as its own R an active Florida registration.)	tegistered Agent. You must designate an ir		inother	
(The Limited Liability business entity with a	Company cannot serve as its own R an active Florida registration.)  e Florida street address of t  KARHONDA WHITE	tegistered Agent. You must designate an ir		mother 2021 APR 12	· ~~
(The Limited Liability business entity with a	Company cannot serve as its own R an active Florida registration.)  e Florida street address of t  KARHONDA WHITE	tegistered Agent. You must designate an ir		NA 21 867 1802 BK	: : :
(The Limited Liability business entity with a	Company cannot serve as its own Ran active Florida registration.)  e Florida street address of t  KARHONDA WHITE  N  220 NW 140TH ST	tegistered Agent. You must designate an ir		mother 2021 APR 12	· : : : :
(The Limited Liability business entity with a	Company cannot serve as its own Ran active Florida registration.)  e Florida street address of t  KARHONDA WHITE  N  220 NW 140TH ST	tegistered Agent. You must designate an in he registered agent are:		1001 APR 12 PK 4:2	

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

the contract of the contract o

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 MGR	KARHONDA WHITE
MON	220 NW 140TH ST
	MIAMI, FL 33168
	111111111111111111111111111111111111111
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
LE V: Other provisions, if any.	<u></u>
	<u> </u>
DEALUDED CLASS ATOME.	
REQUIRED SIGNATURE:	$\wedge$
	/ (
——————————————————————————————————————	
Signature of a member or	an authorized representative of a member
Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, Lam aware that
This document is executed in accordance any false information submitted in a docu	with section 605.0203 (1) (b). Florida Statutes, I am aware that
This document is executed in accordance	with section 605.0203 (1) (b). Florida Statutes, I am aware tha
This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	with section 605.0203 (1) (b). Florida Statutes, I am aware tha
This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.  KARHONDA WHITE	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware that the Department of State constitutes a third degree felon sped or printed name of signee

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)