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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

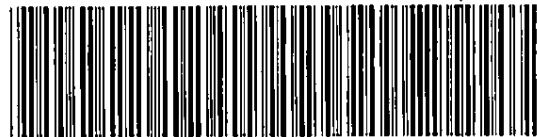
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T. SCOTT



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA 32399

2021 APR 15 PM 1:41

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 18, 2020

KELLY PAULSON  
2210 SEAAVE  
INDIALANTIC, FL 32903

SUBJECT: YOUR COLOR CONSULTANT LLC  
Ref. Number: W20000132352

We have received your document for YOUR COLOR CONSULTANT 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):

The Certificate of Conversion must be signed by an authorized person.

Please return the corrected original and one copy of 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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 920A00023198

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 ss 605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is  
Your Color Consultant  
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LLC, S-corp  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Colorado  
(Enter state, or if a non-U.S. entity, the name of the country)

on 6/3/2015  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  
Your Color Consultant, LLC  
(Enter Name of Florida Limited Liability Company)

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 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.

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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Signed this 15 day of April, 2021

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative Kelly Paulson  
Printed Name Kelly Paulson Title Manager

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature Kelly Paulson  
Printed Name Kelly Paulson Title Manager

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer  
If Directors or Officers have not been selected, an Incorporator must sign

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners

**All others:**

Signature of an authorized person

**Fees:**

Articles of Conversion	\$25.00
Fees for Florida Articles of Organization	\$125.00
Certified Copy	\$30.00 (Optional)
Certificate of Status	\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Your Color Consultant L.L.C.

(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:

2210 Sea Ave  
Indialantic, FL  
32903

### Mailing Address:

2210 Sea Ave  
Indialantic, FL  
32903

## 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:

Kelly Paulson  
Name  
2210 Sea Ave  
Florida street address (P.O. Box **NOT** acceptable)  
Indialantic FL 32903  
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..*

Kelly Paulson  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF CIRCUIT COURT  
JULIANASSEL.COM

**ARTICLE IV-**

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

Title:

"AMBR" Authorized Member

"MGR" Manager

Name and Address:

MGR

Kelly Paulson  
2210 Sea Ave  
Indianapolis IN 46203

(Use attachment if necessary)

**ARTICLE V: Other provisions, if any**

**REQUIRED SIGNATURE:**

Kelly Paulson

**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 817.135, F.S.

Kelly Paulson

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)