L21000210335

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

Office Use Only



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5/3/2021

COVER LETTER

TO: New Filing S Division of C						
SUBJECT:	ohana Sens	Sational Tre	rats LLC	_		
The enclosed Article Business Entity" into	s of Conversion, Artic	les of Organization, ar ability Company" in a	nd fees are submitted to recordance with s. 605.1		ı "Otl	ner
<u>Shana</u>	(Contact Person)			รที	202	
Colosio Ryan	(Firm/Company) Chose Coust (Address)				021 MAR -3	RECEIVED
	32810 City, State and Zip Code) 3 og mail - Com be used for future annual re	<u> </u>		RORATIONS SEPVICES	PM 2: 16	N D
	on concerning this ma					
Shana he	ect Person)	at (<u>407</u>) <u>29</u> (Area Code) (Da	80 - 0835 ytime Telephone Number)	-		
	for the following amount a bank located in the	•	sed by this office must b	oe payable	in U	S
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status		: 1 	
Mailing Add New Filing S Division of C P.O. Box 632	ection orporations	New Divis	t Address: Filing Section ion of Corporations Centre of Tallahassee		13 13	•

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 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles o	f Conversion is:
Shana Sensational Treats Corp.	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Corporation. limited partnership, general partnership, common law	v or business trust, etc.)
First organized, formed or incorporated under the laws of	c of the country)
on 5-27-2020	
on 5-27-2020 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles Shana SenSational Treats LLC	of Organization:
(Enter Name of Florida Limited Liability Company)	
(Since Family of Florida annied advinty Company)	
4. If not effective on the date of filing, enter the effective date: 5-22-2020	
The effective date: Cannot be prior to date of receipt or filed date nor more than 90 ca	lendar 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 document's effective date on the Department of State's records.	not be listed as the
5. The plan of conversion has been approved in accordance with all applicable statutes.	·
 The "Converted or Other Business Entity" has agreed to pay any members having appraisal rig which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	ghts the amount to
	ì
	2
	j
	. . 5

Signed this 5 ^{+h} day of NOV	20_2.
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Shana Neal	<u> </u>
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Shana neal	_ Title: President
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 If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabili Signature of one General Partner.	corporator must sign.
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

1.5 1.5 1.5

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Shana SenSational (Must contain the words "Limited Liability	Treats LLC Company, "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
ldeste Ryan Chase Court Orlando fl 32810	Orlando fl 32810
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ed Agent. You must designate an individual or another
The name and the Florida street address of the reg	gistered agent are:
<u>Shana Nec</u> Name	.
Florida street address (P.O. F	(+ (A) Box NOT acceptable)
<u>Orlando</u> City	FL 32810 Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as it. I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 605; F.S.,
She n	und.
Registered Agent's Signat	ure (REQUIRED)
(CONTINUI	ED) : : : : : : : : : : : : : : : : : : :

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
-	
"MGR"	Shana neal
	orlando fi 32810
(1 log attachment if a manner	
(Use attachment if necessary) LE V: Other provisions, if any.	
,	
,	
LE V: Other provisions, if any.	-e real
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware then to the Department of State constitutes a third degree fel
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b) Florida Statutes. Lany aware t

ARTICLE IV-



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 1, 2021

SHANA NEAL 6656 RYAN CHASE COURT ORLANDO, FL 32810

SUBJECT: SHANA SENSATIONAL TREATS LLC

Ref. Number: W21000043843

We have received your document for SHANA SENSATIONAL TREATS 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):

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.

WILLIAM LAWRENCE Regulatory Specialist II

Letter Number: 621A00006853

M & entity is Active.

20/11/A: -3 AM 8: 16