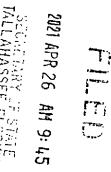
# 

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
<u></u>
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W21000054023 Signatures





03/15/21--01028--030 \*\*155.00





### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 13, 2021

MICHELLE LABOY-MUNOZ 11339 LINDEN DRIVE SPRING HILL, FL 34608

SUBJECT: PRIME GROOMING CLUB LLC

Ref. Number: W21000049402

We have received your document for PRIME GROOMING CLUB LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$150.00.

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.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 221A00007566

Enclosed is a copy of the check It
Sent and the banks confirmation
that it was cashed.

Thank you Michelle Laboy-M.

www.sunbiz.org

### **COVER LETTER**

TO: New Filing S Division of C					
SUBJECT: PRIME (	GROOMING CLUB CO.	(DOCUMENT#	P21000	019014)	
5000ECT	(Name of Re	sulting Florida Lin	nited Cor	mpany)	-
The enclosed Article Business Entity" into	s of Conversion, Artic o a "Florida Limited L	les of Organiza iability Compar	tion, ar ny" in a	nd fees are submitted to decordance with s. 605.10	convert an "Other 045, F.S.
Please return all corr	espondence concernin	g this matter to	:		
MICHELLE LABOY-M	UNOZ				
	(Contact Person)		_		
PRIME GROOMING C	CLUB				
	(Firm/Company)	·			. ~
11339 LINDEN DRIVE					TACK ST.
	(Address)		_		
SPRING HILL, FL 346	·				2021 APR 26 AM SECNELARIASSEET
	City, State and Zip Code)	•	_		
PRIMEGROOMINGCL	•				
	e used for future annual re		_		EEFFLERIE
L-man Address. (to o	e used for future annual re	port notifications)			宣帝 ひ
For further information	on concerning this ma	tter, please call			,u ·
MICHELLE LABOY-MI	JNOZ	_at ( <u>9</u> 78	390-	9227	
(Name of Conta	ct Person)	(Area Code	e) (Day	time Telephone Number)	
	or the following amou a bank located in the		proces	sed by this office must be	e payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	S180.00 Filin and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	RE 2021 MAR
Mailing Addi			Stree	t Address:	344 S C
New Filing Se				Filing Section	CEIVE 15 PM 2:
Division of C				ion of Corporations	
P.O. Box 632 Tallahassee, F				Centre of Tallahassee 🥳 N. Monroe Street, Suite	ED 2:57
rananassee, r	L 36314			hassee, FL 32303	<b>57</b> 57

### **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 Articles of Conversion is: PRIME GROOMING CLUB CO.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
FEBRUARY 22, 2021
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
PRIME GROOMING CLUB 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 fisted 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.

P21000019014

Signed this 3 RD day of MARCH	20_ <b>21</b>
Signature of Authorized Representative	e of Limited Liability Company:
Signature of Authorized Representative: Printed Name: MICHELLE LABOY-MUNOZ	Mielde Laby-
Signature(s) on behalf of Other Business	Entity: [See below for required signature(s)]
Signature: Mithelly The Printed Name:	Entity: [See below for required signature(s)]  Title:
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, Dir If Directors or Officers have not been select	
If Florida General Partnership or Limite Signature of one General Partner.	d Liability Partnership:
If Florida Limited Partnership or Limite Signatures of <u>ALL</u> General Partners.	d Liability Limited Partnership:
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: TILED
2021 APR 26 AM 9: 45
ALLAHASSEFF TO SATE

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited I	Liability Company i	is:	
PRIME GROOMING CLUB			
(Must contair	the words "Limited Liab	ility Company, "L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and s	treet address of the	principal office of the Limited I	Liability Company is:
Principal Office Address	<u>31</u>	Mailing Address:	
11339 LINDEN DRIVE		11339 LINDEN DRIVE	
SPRING HILL, FL 34608		SPRING HILL, FL 34608	
ARTICLE III - Register (The Limited Liability Company e business entity with an active Flo	annot serve as its own Reg	red Office, & Registered Agent gistered Agent. You must designate an ind	t's Signature: ividual or another
The name and the Florida	street address of the	e registered agent are:	
MICHE	ELLE LABOY-MUNO	<u>7</u>	
	Nai	me	
11339	LINDEN DRIVE		
Flori	da street address (P.	O. Box NOT acceptable)	
SPRIN	G HILL	FL <sup>34608</sup>	
	City	Zip	
liability company at t registered agent and agr statutes relating to the accept the obligation	the place designated ree to act in this cap proper and complet us of my position as in the complete of the com	I to accept service of process for I in this certificate, I hereby accept acity. I further agree to comply we performance of my duties, and registered agent as provided for instance (REQUIRED)	ot the appointment as with the provisions of al I am familiar with and

### ARTICLE IV-

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

"MGR" = Manager	
	<del></del>
	-
	NI N
	>^
	Ar: 2
	3.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5
(Use attachment if necessary)	ا الله الله الله الله الله الله الله ال
	<u>γ</u> (
LE V: Other provisions, if any.	

**REQUIRED SIGNATURE:** 

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.817.155, F.S.

MICHELLE LABOY-MUNOZ

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)