

L21000394956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

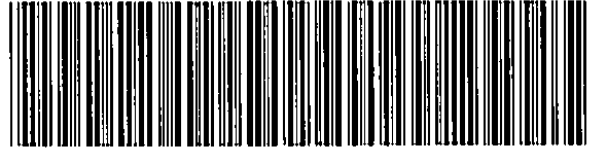
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AR sig, Missing N-VU21000089656
Titles, cover sheet W21000048847

Office Use Only



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TO: New Filing Section
Division of Corporations

SUBJECT: SPECIAL Blessings Catering Service
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Dion LaFaye Nesmith
(Contact Person)

SPECIAL Blessings Catering Services Inc
(Firm/Company)

50 1/2 W. Idlewild Ave APTC
(Address)

Tampa FL 33604
(City, State and Zip Code)

Boenblessed.d@gmail.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Dion LaFaye Nesmith at (863) 557-8836
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☐ \$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

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, Suite 810
Tallahassee, FL 32303

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 of Conversion is:
SPECIAL Blessings Catering Services LLC
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a S-CORP 19000021521
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust)

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

on March 2, 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**
SPECIAL Blessings Catering Services
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: March 02 21
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days 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 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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 17th day of APRIL 2021.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Dion LaFaye Nesmith
Printed Name: Dion LaFaye Nesmith Title: AR

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

Signature: Dion LaFaye Nesmith
Printed Name: DION LAFAYE NESMITH Title: AP

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)

ARTICLE I - Name:

The name of the Limited Liability Company is:

SPECIAL Blessings Catering Service LLC

(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

Principal Office Address:

50 1/2 W. Idlewild Ave APTC
Tampa FL
33604

Mailing Address:

50 1/2 W. Idlewild Ave APTC
Tampa FL
33604

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:

Legal Corp Solution, LLC
Name

3440 W. Hollywood Blvd Suite 415
Florida street address (P.O. Box **NOT** acceptable)

Hollywood FL 33021
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 the 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.

Justin A. Zielen
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Dion Lafaye Nesmith
501 1/2 W. Idlewild Ave Apt C
Tampa, FL 33604

Ambr

Dion Lafaye Nesmith
501 1/2 W. Idlewild Ave Apt C
Tampa FL 33604

AP

Dion Lafaye Nesmith
501 1/2 W. Idlewild Ave Apt C
Tampa FL 33604

Treasurer

Dion Lafaye Nesmith
501 1/2 W. Idlewild Ave Apt C
Tampa FL 33604

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 6, 2021 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Dion Lafaye Nesmith

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.

Dion Lafaye Nesmith

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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 12, 2021

DION LAFAYE NESMITH
501 1/2 W IDLEWILD AVE APT C
TAMPA, FL 33604

SUBJECT: SPECIAL BLESSINGS CATERING SERVICES INC.
Ref. Number: W21000048847

We have received your document for SPECIAL BLESSINGS CATERING SERVICES INC. and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

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.

James G Harris
Regulatory Specialist II

Letter Number: 721A00007481



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2021

LEGAL CORP SOLUTION, LLC
3440 W. HOLLYWOOD BLVD STE 415
HOLLYWOOD, FL 33021

SUBJECT: SPECIAL BLESSINGS CATERING SERVICE LLC
Ref. Number: W21000089656

We have received your document for SPECIAL BLESSINGS CATERING SERVICE LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Missing Articles IV thru VI.

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.

James G Harris
Regulatory Specialist II

Letter Number: 521A00013885