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(Requestor's Name)	
(Address)	_
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(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
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	_
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Certified dopies	_
Special Instructions to Filing Officer.	

Office Use Only



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CORPORATE ACCESS, ____

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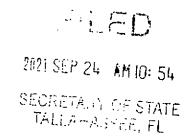
236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		WALKIN
	PICK U	UP: 9/24 Glinda
	CERTIFIED COPY	
XX	РНОТОСОРУ	
	CUS	
xx	FILING	CONVERSION
1.	CORPORATE NAME AND DOCUME	
2.	(CORPORATE NAME AND DOCUME	ENT#)
3.	(CORPORATE NAME AND DOCUME	ENT #)
4.	(CORPORATE NAME AND DOCUME	ENT #)
5.	(CORPORATE NAME AND DOCUME	ENT #)
6.	(CORPORATE NAME AND DOCUME	ENT #)
SPECIAI INSTRU	L CTIONS:	
		

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: LITTLE MOON ESSENTIALS, LLC
(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:
Leslie Alan Rozencwaig, Esq
(Contact Person)
Rozencwaig & Nadel, LLP (Firm/Company)
301 W. Hallandale Beach Blvd (Address)
Hallandale Beach, Florida, 33009
(City, State and Zip Code)
entities@rnflaw.com E-mail Address: (to be used for future annual report notifications)
E-mail Address. (to be used for future annual report notifications)
For further information concerning this matter, please call:
Leslie Alan Rozencwaig. Esq. at (954) 455-5100
(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)
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\begin{array}{c} \Delta \text{\$155.00 Filing Fees} & \Delta \text{\$180.00 Filing Fees} & \Delta \text{\$185.00 Filing Fees} & \Delta \text{\$Certified Copy} & \Delta \text{\$Certified Copy}, and \\ \Delta \text{\$Certificate of Status} & \Delta \$Cer
STREET ADDRESS: MAILING ADDRESS:
New Filing Section New Filing Section
Division of Corporations Clifton Building Division of Corporations P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301



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: LITTLE MOON ESSENTIALS, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company (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
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
LITTLE MOON ESSENTIALS, 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.)
<u>Note:</u> 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.

Signed this 23 day of September	
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Jole C	01. 1 (P
Printed Name: Leslie Alan Rozencwaig	Title: Manager
Signature(s) on hehalf of Other Business Entity:	[See below for required signature(
Signature: Signature: Lestie Alan Rozencwaig	
Printed Name: Leslie Alan Rozencwaig	Title: Manager
Signature:Printed Name:	Title
Timed (value.	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
S:4	
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	corporator must sign.
	ty Partnershin:
Signature of one General Partner.	<u> </u>
If Florida I imited Dominanthin on I inited I to bit	e de la companya de l
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others:	
Signature of an authorized person.	
Fccs:	
Articles of Conversion:	\$25.00
	\$25.00 \$125.00
Articles of Conversion:	-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:	
LITTLE MOON ESSENTIALS, 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 Liab	oility Company is:
Principal Office Address:	Mailing Address:	
501 Old Griffin Road Dania Beach, Fl 33004	501 Old Griffin Road Dania Beach, Fl 33004	
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)		
The name and the Florida street address o	f the registered agent are:	SECRETAIN SECRETAIN TAILANA
Rozencwaig & Nac	del, LLP	EF 24 M
	Name	## 2 P
301 W Hallandale	Beach Blvd	SUEE S
Florida street address	s (P.O. Box NOT acceptable)	

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.

33009 Zip

Registered Agent's Signature (REQUIRED)

Hallandale Beach

(CONTINUED)

ARTICLE IV-

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	Leslie Alan Rozenewaig
	501 Old Griffin Road
	Dania Beach, FL 33004
.	
	5
(Use attachment if necessary)	
• ,	
CLE 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.

Leslie Alan Rozencwaig. Authorized Representative

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)