# L22000 114372

(F	Requestor's Name)	
(A	ddress)	
( <i>f</i>	address)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(0	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	
1 200	60110	
WIGOO	24664	

Office Use Only



700378803447

04/22/19--01016--016 \*\*35.00

09/24/19--01010--024 \*\*115.00



2021 FEB 14 PM 6: 48



October 8, 2019

NICOLE PEREZ 1300 BRICKELL BAY DR APT 806 MIAMI, FL 33131

SUBJECT: JB KELLY LLC Ref. Number: W19000089669



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: 919A00020685

The converting Florida entity must be active on our records.

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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: 919A00020685

### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: JBKelly, LLC	
(Name of Res	sulting Florida Limited Company)
	eles of Organization, and fees are submitted to convert an "Other iability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concernin	g this matter to:
Briana Brumer	
(Contact Person)	<del></del>
JBKelly, LLC dba LIPSMART	
(Firm/Company)	
250 95th Street #546734	
(Address)	
Surfside , Florida 33154	
(City, State and Zip Code)	<del></del>
Briana@lipsmart.com	
E-mail Address: (to be used for future annual re	port notifications)
For further information concerning this ma	tter, please call:
Briana Brumer (Owner)	_at (305 )790-7331
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the	unt: (All checks processed by this office must be payable in US United States)
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$155.00 Filing Fees and Certificate of Status	□S180.00 Filing Fees and Certified Copy □S185.00 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 810,9 Tallahassee, FL 32303

#### **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.

	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a Corporation
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fi	rst organized, formed or incorporated under the laws of Florida  (Enter state, or if a non-U.S. entity, the name of the country)
on	08/20/2018
	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
JE	Kelly, LLC
_	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
th No	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.)  te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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.
	P18644071306

Signe	d this <u>9TH</u>	_ day of <u>SEPTEMBER</u>	20 19	
<u>Signa</u>	ture of Autho	rized Representative of L	imited Liability Company:	
Signat Printe	ture of Authori d Name: <u>BRIAN</u>	zed Representative: A BRUMER	Title: CEO	
			y: [See below for required sign	
Signat Printe	ure: d Name:	Bru	MERTitle: MANH 61	4
Signat	ure:	<u> </u>		
			Title:	
Signat Printed	ure: d Name:		Title:	
Signat	ure:			
Printed	l Name:		Title:	
Signat	ure:			
Signat	ure:			
Printed	d Name:		Title:	
Signat If Dire	ectors or Officer	n, Vice Chairman, Director, s have not been selected, an	Incorporator must sign.	
Signat	rida General P ure of one Gene	<mark>artnership or Limited Lial</mark> Fral Partner	pility Partnership:	
If Flor		artnership or Limited Lial	pility Limited Partnership:	
All oth Signat	ners: ure of an author	ized person.		
Fees:		~~		
	Articles of Co Fees for Flori Certified Cop Certificate of	da Articles of Organizatior y:	\$25.00 S125.00 \$30.00 (Optional) \$5.00 (Optional)	"ALLAHASS

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	/ is:	
JBKelly, LLC	ability Company, "L.L.C.," or "LLC.")	
(Musi contain the words Limited Lis	ability Company, E.E.C., or EEC.	
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited Liability Cor	mpany is:
Principal Office Address:	Mailing Address:	
250 95th Street 546734	250 95th Street 546734	
Surfside, Florida 33154	Surfside, Florida 33154	
business entity with an active Florida registration.)  The name and the Florida street address of t  Briana Brumer  N	the registered agent are:	
16047 Collins Avenue Apt Florida street address (	P.O. Box NOT acceptable)	
Sunny Isles	FL 33160	
City	Zip	
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple accept the obligations of my position as	nd to accept service of process for the above stated in this certificate, I hereby accept the appoint apacity. I further agree to comply with the providete performance of my duties, and I am familia is registered agent as provided for in Chapter 6	ntment as visions of all vr with and
(CON)	TINUED)  TINUED)  TINUED	

A	R	TI		IF	IV
, ,			_		

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

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager MGR	DDIANA DDINACD		
MOR	BRIANA BRUMER 250 95TH ST #546734		
	SURFSIDE, FL 33154		
	15-		
	27 <u>2</u> 2		
	——————————————————————————————————————		
	m 20		
(Use attachment if necessary)	200		
CLE V: Other provisions, if any.			
REQUIRED SIGNATURE:			
- But			
I ills document is executed in accordance	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, I am awarment to the Department of State constitutes a third degree		
30	BRUMER ped or printed name of signee		
- Vikana	DRUME		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)