122000116009

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
(1)22000009435				

Office Use Only



300379601083

01/14/22--01022--013 **150.00

2/2/22



COVER LETTER

Division of Corporations		
SUBJECT: Good Looks For Her, LLC	;	
	e of Resulting Florida Limi	ted Company)
		ion, and fees are submitted to convert an "Other y" in accordance with s. 605.1045, F.S.
Please return all correspondence con	ocerning this matter to:	
Vincent Ford		
(Contact Persor	1)	-
Buku Enterprises		
(Firm/Company	y)	_
14131 Summer Breeze Dr E		
(Address)		_
Jacksonville, FL 32218		
(City, State and Zip	Code)	_
vince.ford41@hotmail.com	,	
E-mail Address: (to be used for future a	innual report notifications)	_
For further information concerning t	this matter, please call:	
Vincent Ford	at (⁹⁰⁴	403-9131
(Name of Contact Person)	(Area Code) 403-9131 (Daytime Telephone Number)
Enclosed is a check for the following dollars and drawn on a bank located	-	processed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)		
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

INHS11 (7/17)

u: 00

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: Good Looks For Her
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a C Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
2 March 2018 on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Good Looks For Her, 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 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	10 day of February	_ 20 _22		
Signature of Authorized Representative of Limited Liability Company:				
	2 4	- 1		
Signature o	of Authorized Representative: Darrell	tord		
Printed Nan	ne: Darrell Ford	Title: MGRM		
Signature(:	s) on behalf of Other Business Entity:	See below for required signature(s)		
Signature:	Daroll Ford	-		
Printed Nar	me: Darrell Ford	Title: Officer		
i iiiica ivai	ne. Danon i oro	Title.		
Signature:				
Printed Nar	ne:	Title:		
Signature:				
Printed Nar	ne:	Title:		
				
Signature:				
Printed Nar	ne:	Title:		
Signature:				
Printed Nar	ne:	Title:		
Signature:				
Printed Nar	ne:	Title:		
	Corporation:	0.07		
	of Chairman, Vice Chairman, Director, or			
If Directors	s or Officers have not been selected, an In	corporator must sign.		
ICE: 'I	C IN . II TO A LITERA	to Devite such in		
	General Partnership or Limited Liabili	ty Partnersnip:		
Signature o	of one General Partner.			
If Florida i	Limited Dautneuchin on Limited Lighili	ty Limited Partnership		
	Limited Partnership or Limited Liabili	ty Limited Farthersing.		
Signatures	of ALL General Partners.			
All others:				
	: of an authorized person.			
Signature o	n an authorized person.			
Fees:				
Λ ++	icles of Conversion:	\$25.00		
	es for Florida Articles of Organization:	\$125.00		
	rtified Copy:	\$30.00 (Optional)		
	rtificate of Status:	\$5.00 (Optional)		
CEI	illicate of Status.	φυίου (Optionar)		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Good Looks For Her, LLC (Must contain the words "Limited Liability ARTICLE II - Address: The mailing address and street address of the pr Principal Office Address: 5519 Moncrief Rd Jacksonville, FL 32219	y Company, "L.L.C.," or "LLC.") rincipal office of the Limited Liability Company is: Mailing Address: 5519 Moncrief Rd Jacksonville, FL 32219 d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another
ARTICLE II - Address: The mailing address and street address of the pr Principal Office Address: 5519 Moncrief Rd	Mailing Address: 5519 Moncrief Rd Jacksonville, FL 32219 d Office, & Registered Agent's Signature:
The mailing address and street address of the pr Principal Office Address: 5519 Moncrief Rd	Mailing Address: 5519 Moncrief Rd Jacksonville, FL 32219 d Office, & Registered Agent's Signature:
5519 Moncrief Rd	5519 Moncrief Rd Jacksonville, FL 32219 d Office, & Registered Agent's Signature:
	Jacksonville, FL 32219 d Office, & Registered Agent's Signature:
Jacksonville, FL 32219	d Office, & Registered Agent's Signature:
	d Office, & Registered Agent's Signature:
business entity with an active Florida registration.) The name and the Florida street address of the r Vincent Ford Name	<u> </u>
14131 Summer Breeze Dr E	
Florida street address (P.O	D. Box NOT acceptable)
Jacksonville	FL 32218
City	FL 32218 Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 605, F.S

(CONTINUED)

Title:	Darrell Ford 104 W 19th St Jacksonville, FL 32206	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR		
		
(Use attachment if necessary)		
ICLE V: Other provisions, if any.		
Telle v. ettler providens, a any.		
DECUMEN SIGNATURE.		
REQUIRED SIGNATURE:		
DarrellFord		
C!	r an authorized representative of a member	
Signature of a member of	ce with section 605.0203 (1) (b), Florida Statutes. I am aware the	

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)

ARTICLE IV-





FLORIDA DEPARTMENT OF STATE Division of Corporations

March 3, 2022

14131 SONNIFFE' EF 35518 14131 SONWEB BBEESE DB E NINCENT EOBD

Bef. Number: W2200009435 SUBJECT: GOOD LOOKS FOR HER LLC

We have received your document for GOOD LOOKS FOR HER 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 filling its annual reports with the Department of State through and current in filling its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filling.

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.

Letter Number: 422A00002318

Karen Lovelace Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314