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(Requestor's Name)
(Address)
(Address)
(all all a
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
111200033038

Office Use Only



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02/23/22--01024--002 **150.00

(4)/12Z



March 14, 2022

AMY P SLAMAN, ESQ 4100 LEGENDARY DR STE 200 DESTIN, FL 32541

SUBJECT: BIBBLEY BABY CO, LLC

Ref. Number: W22000033038

We have received your document for BIBBLEY BABY CO, 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):

The name of the entity cannot include "CO". This abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout 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.

Karen Lovelace Regulatory Specialist II

Letter Number: 322A00005998

MIZHAR 31 PH 2: 37

7872 EEEE 31 PH 9: 52

COVER LETTER

TO:	New Filing So Division of Co							
CHRI	JECT: BIBBLEY	BABY, LLC						
SOBI		(Name of Res	ulting Florida Lin	nited Con	ipany)	_		
The e Busin	nclosed Articles less Entity" into	of Conversion, Articl a "Florida Limited Li	les of Organiza ability Compar	tion, an 1y'' in ac	d fees are submitted to ecordance with s. 605.	conver 1045, F.	t an "C .S.)ther
Pleas	e return all corre	espondence concerning	g this matter to	:				
AMY	P. SLAMAN, ESC)						
		(Contact Person)						
CLAR	K PARTINGTON							
		(Firm/Company)		_				
4100	LEGENDARY DF	RIVE, SUITE 200						
		(Address)						
DEST	ΓIN, FL 32541							
	((City, State and Zip Code)		_				
KLIP	HAM@CLARKPA	RTINGTON.COM						
E-	mail Address: (to b	e used for future annual re	port notifications))				
For fi	urther informati	on concerning this ma	tter, please cal	l:				
KATH	Y LIPHAM		at (<u>850</u>	չ650-	3304			
	(Name of Conta	et Person)	(Area Coo	le) (Day	ytime Telephone Number)			
		or the following amou a bank located in the		s proces	sed by this office must	t be paya	able in	US
(\$25 f & \$12	50.00 Filing Fees or Conversion 5 for Articles ganization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fili and Certified C		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status		2822 III.N	= 11,0
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee.	ection Corporations 27		New Divis The (2415	Et Address: Filing Section Sion of Corporations Centre of Tallahassee N. Monroe Street, Sui		IR 21 FH 9: 52	

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 Articl BIBBLEY BABY CO, LLC	es of Conversion is:
(Enter Name of Other Business Entity)	-*
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, commo	on law or business trust, etc.)
First organized, formed or incorporated under the laws of	
04/17/2017	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Art	icles of Organization:
BIBBLEY BABY, 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 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 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 appra which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	26:21:3:31

Signed this 29h day of	March 20 22.
Signature of Authorized Rep	presentative of Limited Liability Company:
Signature of Authorized Repre	remative: EXWEXPENDENT Title MGR
==	er Business Entity: [See below for required signature(s)]
Signature: (KUTU) EVACE Printed Name: LINDSEY SMITH	Title: MGR
Signature:Printed Name:	Title:
Signature:	
Signature:	Title:
0.	
Signature:Printed Name:	Title:
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice C	
If Florida General Partnersh Signature of one General Partn	ip or Limited Liability Partnership: cr.
If Florida Limited Partnersh Signatures of ALL General Pa	ip or Limited Liability Limited Partnership: rtners.
All others: Signature of an authorized pers	son.
Fees:	
Articles of Conversion	n: \$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy:

Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company	ny is:	
BIBBLEY BABY, LLC (Must contain the words "Limited L	Liability Company, "L.L.C.," or "LLC.")	<u>.</u>
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited	d Liability Company is:
Principal Office Address:	Mailing Address:	
457 SERENOA ROAD, UNIT 10 SANTA ROSA BEACH, FL 32459	457 SERENOA ROAD, UN SANTA ROSA BEACH, FL	
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of AMY P. SLAMAN, ESQ	n Registered Agent. You must designate an	ent's Signature: individual or another
4100 LEGENDARY DR,	, SUITE 200	
Florida street address	s (P.O. Box NOT acceptable)	
DESTIN	FL 32541	
City	Zip	
Having been named as registered agent liability company at the place designate registered agent and agree to act in this statutes relating to the proper and compacted accept the obligations of my position	ated in this certificate, I hereby accapacity. I further agree to compaplete performance of my duties, at as registered agent as provided f	ecept the appointment as oly with the provisions of all and I am familiar with and
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:	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager MGR	LINDOFY OMITH			
	LINDSEY SMITH			
	457 SERENOA ROAD, UNIT 10			
	SANTA ROSA BEACH, FL 32459			
MGR	NICHOLAS SMITH			
	457-SERENOA ROAD, UNIT 10			
	SANTA ROSA BEACH, FL 32459			
(Use attachment if necessary)				
(Ose attachment if necessary)				
LE V: Other provisions, if any.				
DECUIDED SIGNATURE.				
REQUIRED SIGNATURE:	/			
Willeday				
Signature of a member o	r an authorized representative of a member			
This document is executed in accordant	ice with section 605,0203 (1) (b), Florida Statutes, I am aware			
any false information submitted in a doc				

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)