

L22000149798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

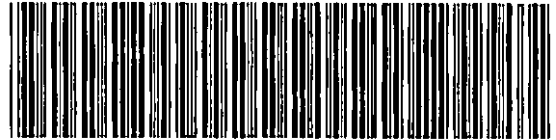
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/22/22--01008--002 **185.00

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CLERK OF COURT
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: dermani MEDSPA Franchising 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:

Harvey Hillyer

(Contact Person)

LazCoz LLC

(Firm/Company)

8304 Lake Burden Cir

(Address)

Windermere, FL 34786

(City, State and Zip Code)

hh3456@gmail.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Harvey Hillyer

770

286-3235

at (

(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

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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:
dermani MEDSPA Franchising LLC

(Enter Name of Other Business Entity)
LLC

2. The "Other Business Entity" is a _____
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Georgia

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

Jan 16, 2019

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**:
dermani MEDSPA Franchising LLC

(Enter Name of Florida Limited Liability Company)
March 25, 2022

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.

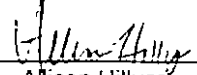
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Signed this 16th day of March 20 22

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 
Printed Name: Harvey Hillyer Title: Managing Partner

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

Signature: 
Printed Name: Alison Hillyer Title: Managing Partner

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)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

dermani MEDSPA Franchising 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 is:

Principal Office Address:

9100 Conroy Windermere Rd

Suite 200

Windermere, FL 34786

Mailing Address:

8304 Lake Burden Circle

Windermere, FL 34786

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:

Harvey Hillyer

Name

8304 Lake Burden Circle

Florida street address (P.O. Box **NOT** acceptable)

Windermere

34786

FL

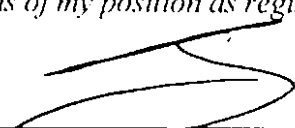
City

Zip

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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..



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

MGR

Name and Address:

Allison Hillyer

8304 Lake Burden Circle

Windermere, FL 34786

MGR

Harvey Hillyer

8304 Lake Burden Circle

Windermere, FL 34786

(Use attachment if necessary)

ARTICLE 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.

Harvey Hillyer

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)

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF ORGANIZATION

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

dermani MEDSPA Franchising LLC

a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on **01/16/2019** by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

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CLERK OF SUPERIOR COURT
JULIE A. HARRIS

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on **01/18/2019**.



Brad Raffensperger

Brad Raffensperger
Secretary of State

ARTICLES OF ORGANIZATION

Electronically Filed

Secretary of State

Filing Date: 1/16/2019 3:20:50 PM

BUSINESS INFORMATION

CONTROL NUMBER	19007042
BUSINESS NAME	dermani MEDSPA Franchising LLC
BUSINESS TYPE	Domestic Limited Liability Company
EFFECTIVE DATE	01/16/2019

PRINCIPAL OFFICE ADDRESS

ADDRESS	2180 Satellite Boulevard, Suite 400, Duluth, GA, 30097, USA
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REGISTERED AGENT

NAME	ADDRESS	COUNTY
LazCoz LLC	3665 moye trail, Duluth, GA, 30097, USA	Gwinnett

ORGANIZER(S)

NAME	TITLE	ADDRESS
LazCoz LLC	ORGANIZER	3665 Moye Trail, Duluth, GA, 30097, USA

OPTIONAL PROVISIONS

N/A

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE	Harvey Hillyer
AUTHORIZER TITLE	Member

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STATE OF GEORGIA