12200161789

| (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: |
| |
| |
|] |
| |
| |
| W22 00042058 |

Office Use Only



400382670154

03/10/22--01008--027 **155.00

Allstr

短形31 構

COVER LETTER

| TO: New Filing Section Division of Corporations | |
|---|--|
| SUBJECT: Busy Bee Company, LLC | |
| | Resulting Florida Limited Company) |
| The enclosed Articles of Conversion, Ar Business Entity" into a "Florida Limited | ticles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605,1045, F.S. |
| Please return all correspondence concern | ning this matter to: |
| Emily Lucero | |
| (Contact Person) | |
| (Firm/Company) | |
| 6302 Bayhill Lane (Address) | |
| Longwood, FL 32779 | |
| (City, State and Zip Cod | e) |
| emmy.lucero@yahoo.com | |
| E-mail Address: (to be used for future annua | l report notifications) |
| For further information concerning this: | matter, please call: |
| Emily Lucero | at (407) 879-2035 |
| (Name of Contact Person) | (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following an dollars and drawn on a bank located in t | nount: (All checks processed by this office must be payable in US he United States) |
| ☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ ☐ \$155.00 Filing Fee and Certificate of Status | and Certified Copy Certificate of Status 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 |

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.

| Bumble Bee Management, Inc. (Enter Name of Other Business Entity) | · |
|--|-------------------------------------|
| · | |
| 2. The "Other Business Entity" is a S-corporation (Enter entity type. Example: corporation, limited partnership, general partnership, corporation. | |
| (Enter entity type. Example: corporation, limited partnership, general partnership, c | common law or business trust, etc.) |
| First organized, formed or incorporated under the laws of | |
| (Enter state, or if a non-U.S. enti | ity, the name of the country) |
| 11/20/2020 on . | |
| (date of organization, formation or incorporation) | |
| 3. The name of the Florida Limited Liability Company as set forth in the attached | l Articles of Organization: |
| Busy Bee Company, 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 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, to document's effective date on the Department of State's records. | |
| 5. The plan of conversion has been approved in accordance with all applicable stat | utes. |
| The "Converted or Other Business Entity" has agreed to pay any members having a which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. | ppraisal rights the amount to |
| | 2022 11.5 |

| Signed this 5th day of March | 20 22 |
|--|---|
| Signature of Authorized Representative | ve of Limited Liability Company: |
| Signature of Authorized Representative: Printed Name: Emily Lucero | Title: CEO |
| Signature(s) on behalf of Other Business | s Entity: [See below for required signature(s)] |
| Signature: 2000 Ac Printed Name: Emily Lucero | Title: President |
| Signature: | Title: |
| Printed Name: | Title: |
| Signature:Printed Name: | Title: |
| Signature:Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | Title: |
| Printed Name: | Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Di If Directors or Officers have not been select | |
| If Florida General Partnership or Limit Signature of one General Partner. | |
| | |
| If Florida Limited Partnership or Limite Signatures of ALL General Partners. | ed Liability Limited Partnership: |
| All others: Signature of an authorized person. | |
| Fees: | |
| Articles of Conversion | \$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 I - Name: The name of the Limited Liability Com | |
|---|--|
| • | pany is: |
| | Bee Company, LLC |
| (Must contain the words "Limit | ed Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of | of the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 6302 Bayhill Lane | 6302 Bayhill Lane |
| Longwood, FL 32779 | Longwood, FL 32779 |
| (The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address Emily Lucero 6302 Bayhill Lane | Name css (P.O. Box <u>NOT</u> acceptable) |
| Longwood City | Zip |

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: $\overline{\text{"AMBR"}}$ = Authorized Member "MGR" = Manager Emily Lucero CEO ____ 6302 Bayhill Lane Longwood, FL 32779 (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. Emily Lucero Typed or printed name of signce 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)

12:10