122000208872

(Requestor's Name)		
(Ad	dress)	
(Ad	ldress)	
(Ćit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

T. SCOTT

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April 7, 2022

FABIANE PAVEZZI 1497 MAIN ST #251 DUNEDIN, FL 34698

SUBJECT: FABIANE PHOTOGRAPHY LLC

Ref. Number: W22000037431

We have received your document for FABIANE PHOTOGRAPHY LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

www.sunbiz.org

Letter Number: 222A00006740

Division of Comparations D.O. P.O.V. 6297 Tollahorana Florida 20214

,		COVER LE	TTER	
TO: New Filing So Division of C	ection _ MAG CW (echm for	m rejected filing W220000 37431	
Fabiane SUBJECT:	Photography LLC			
	(Name of Res	ulting Florida Limi	ted Company)	
		_	ion, and fees are submitted to in accordance with s. 605	
Please return all corre	espondence concerning	g this matter to:		
Fabiane Pavezzi				
Fabiane Photography L	(Contact Person) LC		-	
1497 Main St. #251	(Firm/Company)		-	
	(Address)		-	
Dunedin, FL 34698			_	
(C hello@fabianephotogra	City, State and Zip Code) uphy.com			
E-mail Address: (to b	e used for future annual rep	port notifications)	-	
For further information	on concerning this mat	ter, please call:		
Fabiane Pavezzi		908 at (2093679	
(Name of Conta	ct Person)	_ ` ` \	(Daytime Telephone Number)	<u> </u>
	or the following amou a bank located in the l	•	orocessed by this office mus Check— Knt WHY	orginal Filing
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified Cop	_	received and dupos the 3131

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 <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.

Fabiane Photography Limited Liability Company (Enter Name of Other Business Entity)	 ,
2. The "Other Business Entity" is a NJ Domestic Limited Liability Company	
(Enter entity type. Example: corporation, limited partnership, general partners	hip, common law or business trust, etc.)
First organized, formed or incorporated under the laws of New Jersey	
(Enter state, or if a non-U.S	S. entity, the name of the country)
on April 13, 2014	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attack.	ched Articles of Organization:
Fabiane Photography LLC	<u> </u>
(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 mo	re 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 requireme document's effective date on the Department of State's records.	nts, this date will not be listed as the
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 havi which such members are entitled under ss. 605.1006 and 605.1061-605.1072, I	0 1.
	* R 22
	• • • • • • • • • • • • • • • • • • •

Signed this 27 day of February	20
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Fabiane Mello Pavezzi	DV () d
Printed Name: Fabiane Mello Pavezzi	Title: owner
Signature(s) of behalf of Other Business Entity:	See below for required signature(s)
Signature:	
Printed Name: Fabianc Mello Pavezzi	Title: OWNUY
Signatura	
Signature:Printed Name:	Title
Frinted Name.	Title.
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	77.1
Printed Name:	litle:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an Inc	
If Directors of Officers have not been selected, an in-	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty 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)
· · - · - · - · - · · · · · · · ·	The state of the s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	anv is:
The name of the Islander Blacking Compa	
Fabiane Photography 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:	Mailing Address:
1497 Main St. #251	1497 Main St. #251
Dunedin, FL 34698	Dunedin, FL 34698
	stered Office, & Registered Agent's Signature: In Registered Agent. You must designate an individual or another If the registered agent are: Name
1497 Main St. #251	
	s (P.O. Box NOT acceptable)
Dunedin	34698 FL
City	Zip
liability company at the place designate registered agent and agree to act in this statutes relating to the proper and compaccept the obligations of my position	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all aplete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605. F.S

(CONTINUED)

ARTICLE IV-

2.5

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

<u>Title:</u>	Title: Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager M 6 /-	Fabiane Mello Pavezzi 1497 Main St. #251 Dunchin, FL 34498	
(Use attachment if necessary)		
TICLE V: Other provisions, if any.		
REQUIRED SIGNATURE:	24)K	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony	
Fabiane Mello Pavezzi		
Ту	ped 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)