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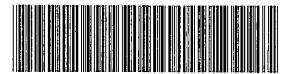
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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CASLE AND/OR VIDEO FRANCHISING DIVISION OF CORPORATIONS TALLAHASSEE, FLORION



March 10, 2022

PATRICIA BALDWIN 5257 FOUNTAINS DR. S. UNIT 405 LAKE WORTH, FL 33467

SUBJECT: BALDWIN INTERIORS & DESIGN LLC.

Ref. Number: W22000026662

We have received your document for BALDWIN INTERIORS & DESIGN 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 filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Letter Number: 722A00005122

Tyrone Scott
Regulatory Specialist II
New Filings Section

COVER LETTER

| Division of Corporation | ns | | | |
|--|-----------------------------------|---------------------------------------|--------------------------|--|
| SUBJECT: BALDWIN INTERIO | ORS & DESIGN | INC | | |
| SUBJECT: | (Name of Resul | ling Florida Limi | ted Con | npany) |
| The enclosed Articles of Conv Business Entity" into a "Florid | ersion, Article a Limited Liab | s of Organizati pility Company | on, an | d fees are submitted to convert an "Other coordance with s. 605.1045, F.S. |
| Please return all correspondent | ce concerning (| his matter to: | | |
| PATRICIA BALDWIN | | | | |
| (Contact | Person) | - | - | |
| BALDWIN INTERIORS & DESIG | N, INC | | | |
| (Firm/Co | этрапу) | | = | |
| 5257 FOUNTAINS DR. S; UNIT | 405 | | | |
| (Add | iress) | | - | |
| LAKE WORTH, FL 33467 | | | | |
| (City, State a | ind Zip Code) | | - | |
| PATIBALDWIN@GMAIL.COM | | | | |
| E-mail Address: (to be used for f | uture annual repo | rt notifications) | • | |
| For further information concer | ning this matte | er, please call: | | |
| PATRICIA BALDWIN | | at (³⁰⁵ |)582-2 | 462 time Telephone Number) |
| (Name of Contact Person) | | (Area Code) | (Day | time Telephone Number) |
| Enclosed is a check for the fol dollars and drawn on a bank lo | lowing amount | : (All checks p nited States) | rocess | ed by this office must be payable in US |
| S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | | □\$180.00 Filing and Certified Cop | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| Mailing Address: | | | Street | Address: |
| New Filing Section | | | New Filing Section | |
| Division of Corporations | | | Division of Corporations | |
| P.O. Box 6327 | | The Centre of Tallahassee | | |

INHS11 (7/17)

Tallahassee, FL 32314

TO: New Filing Section

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.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: BALDWIN INTERIORS & DESIGN, INC |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a CORPORATION |
| 2. The "Other Business Entity" is a |
| First organized, formed or incorporated under the laws of |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| 06/26/2001 |
| (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| BALDWIN INTERIORS & DESIGN, 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. |

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FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

| Signed this 10 day of FEB | 20 |
|--|--------------------------------------|
| Signature of Authorized Representative of Limi | ted Liability Company: |
| Signature of Authorized Representative: Printed Name: PATRICIA BALDWIN | Title: PRESIDENT |
| Signature(s) on behalf of Other Business Entity: | See below for required signature(s)] |
| Signature: School | |
| Printed Name: PATRICIA BALDWIN | Title: INCORPORATOR |
| | |
| Signature:Printed Name: | Title |
| Trined Name. | Title. |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signatura | |
| Signature:Printed Name: | Title: |
| | |
| Signature: | T. I. |
| Printed Name: | fitte: |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, or | |
| If Directors or 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 Signatures of <u>ALL</u> General Partners. | ty Limited Partnership: |
| 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

| | Name: | | |
|---|--|--|--|
| The name of the | Limited Liability Compar | ıy is: | |
| | RIORS & DESIGN, LLC | | |
| | (Must contain the words "Limited I | iability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - The mailing add | | the principal office of the Limited L | iability Company is: |
| Principal Offic | e Address: | Mailing Address: | |
| 5257 FOUNTAIN | S DR. S ; UNIT 405 | 5257 FOUNTAINS DR. S ; UN | IT 405 |
| LAKE WORTH, F | EL 33467 | LAKE WORTH, FL 33467 | |
| (The Limited Liabilit | | tered Office, & Registered Agent Registered Agent. You must designate an indiv | |
| The name and the | he Florida street address of | the registered agent are: | |
| | PATRICIA BALDWIN | | |
| | | Name | |
| | 5257 FOUNTAINS DR. | S : UNIT 405 | |
| | Florida street address | (P.O. Box NOT acceptable) | |
| | LAKE WORTH | FL 33467 | |
| | City | Zip | |
| liability co registered ago statutes relo | ompany at the place designate the ent and agree to act in this cating to the proper and compete obligations of my position Registered Agent's | and to accept service of process for the sted in this certificate, I hereby accept capacity. I further agree to comply we to be performance of my duties, and I as registered agent as provided for in Signature (REQUIRED). | t the appointment as with the provisions of all am familiar with and |

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 | |
| AMBR | PATRICIA BALDWIN |
| | 5257 FOUNTAINS DR. S ; UNIT 405 |
| | LAKE WORTH, FL 33467 |
| MGR | PATRICIA BALDWIN |
| | 5257 FOUNTAINS DR. S ; UNIT 405 |
| | LAKE WORTH, FL 33467 |
| | |
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| | |
| (Use attachment if necessary) | |

ARTICLE V: Other provisions, if any.
BALDWIN INTERIORS & DESIGN LLC WILL CONTINUE AS A SINGLE MEMBER DIREGARDED ENTITY, OFFERING THE SAME BUSINESS SERVICES AS WHEN A CORPORATION.

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.

PATRICIA BALDWIN

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)