L22000325939

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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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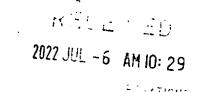
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S. CHATHAM

22 JUL -6 PH 1:37



Division of Corporations



May 24, 2022

MICHELLE J. RHOADES. 9501 ARLINGTON EXPRESSWAY FC5. JACKSONVILLE, FL 32225 US

SUBJECT: FIRST COAST COOKIES AND MORE LLC.

Ref. Number: W22000068149

We have received your document for and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham Regulatory Specialist II New Filing Section

I have signad.

Letter Number: 422A00011771

22 JUL -6 PH 1:4

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.

FIRST COAST COOKIES AND MORE INC.	<u> </u>
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a CORPORATION	
(Enter entity type. Example: corporation, limited partnership, general partnership, com	non law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida	
(Enter state, or if a non-U.S. entity, t	he name of the country)
on 08/30/20/9 (date of organization, formation or incorporation)	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Ar	ticles of Organization:
First Coast Cookies and More L.	
First Coast Cookies and More LLC. (Enter Name of Florida Limited Liability Company)	·
4. If not effective on the date of filing, enter the effective date: $\frac{04/20/2022}{}$	
4. If not effective on the date of filing, enter the effective date: $\frac{U_{1}/L_{0}/L_{0}/L_{0}}{L_{0}/L_{0}}$	•
(The effective date: Connect he prior to date of receipt or filed date nor more than	Of colondar days after
(The effective date: Cannot be prior to date of receipt or filed date nor more than	90 calendar days after
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Signed this	J	Apoli	20 2 2	7 .				
Signed this	day or		_ 20					
Signature of Auth	orized Represent	ative of Limi	ted Liabili	ty Compan	ı <u>y:</u>			
Signature of Autho Printed Name: ///);	1.10	Min		HAA				
Signature of Autho	rized Representati	ve: //////	Tribe	// CA	70			
Printed Name: ///j	CARIL J. N.F	IWU (1E)	_ mue:	MGR /	<u> </u>			
Signature(s) on bel	half of Other Busin	ness Entity: 1	See below f	for required	d signatur	e(s)l		
	, ,							
Signature: Mia. Printed Name: M	WI #			2	<u> </u>			
Printed Name:	TICHENE DI KH	OAdes	_ Title:	PRUSIDE	nt'			
Signature:	1							
Signature: Printed Name:			_ Title:					
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If Florida Corpora Signature of Chairm		Director or (Moor					
If Directors or Offic				nust sign.				
		, 						
If Florida General		mited Liabilit	y Partners	<u>hip:</u>				
Signature of one Ge	neral Partner.							
If Florida Limited	Partnershin or Li	mited Liabilit	v Limited I		1.			
Signatures of ALL			Limited		<u>-</u>			
All others:								
Signature of an auth-	orized person.						N ×	
Fees:							ž 22 JUL	
Articles of (\$25.00				9-	
	orida Articles of Or	ganization:	\$125.00				PH	
Certified Co	2 0		\$30.00 (0	•				
Certificate of	of Status:		\$5.00 (Op	itional)			94:1	
							∞	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
FIRST COAST Cokies And (Must contain the words "Limited Linbility	d More LLC.
(Must contain the words "Limited Linbilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9501 Anlington Expressiony FCS	9501 ARlington EXPRESSWAY FCS
9501 Anlington Expressiony FCS TACKSONVILLE FL 31225	JACKSONVILLE FL
31225	32224
(The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r	
Michelle J.	RHOAdes
Name	RHOAdes
9501 Anlington	EYPRESSWAY.
Florida street address (P.O	. Box NOT acceptable)
JACKSONVIlle	FI. 32225
City	FL 32225 Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate. I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S
(CONTIN	UED)

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

Title:		
"AMBR" = Authorized Member		
"MGR" = Manager MGA	Michelle J. RHOAdes.	
, , , , , , , , , , , , , , , , , , , ,	9501 ARLINGTON EXPLISE WAY	Fes
	Michelle J. RHOAdes. 9501 ARlington Expressionay JACKSONYITE FL 32225.	
• • •		
(Use attachment if necessary) I.E.V: Other provisions, if any. REQUIRED SIGNATURE:		
REQUIRED SIGNATURE: Signature of a member or an This document is executed in accordance wit any false information submitted in a documen as provided for in s.817.155, F.S.	authorized representative of a member h section 605.0203 (1) (b), Florida Statutes. I am a it to the Department of State constitutes a third degr	
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