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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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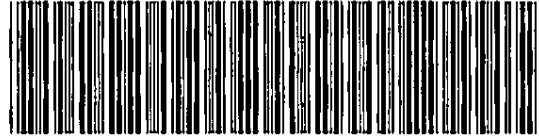
(Business Entity Name)

(Document Number)

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08/26/22--01021--007 **150.00

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TALLAHASSEE, FLORIDA

HL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NATURAL HAIR STYLES, 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:

CLIFTN H. RODRIQUEZ, CPA

(Contact Person)

CLIFTON H. RODRIQUEZ, CPA, PA

(Firm/Company)

3146 NW 68th STREET

(Address)

FORT LAUDERDALE, FLORIDA 33309-1206

(City, State and Zip Code)

crodz13@gmail.com

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

For further information concerning this matter, please call:

DONNETTE E. EDWARDS

at (954) 709-9234

(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

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:
NATURAL HAIR STYLES, INC.
(Enter Name of Other Business Entity)

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

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

on 10/31/2016
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
NATURAL HAIR STYLES, LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 05/31/2022

(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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FLORIDA

Signed this 25 day of AUGUST 2022.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Bennett
Printed Name: DONNETTE EDWARDS-BENNETT Title: PRESIDENT/CEO

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

Signature: Bennett
Printed Name: DONNETTE EDWARDS-BENNETT Title: MGR

Signature: Bennett
Printed Name: DONNETTE EDWARDS-BENNETT Title: AMBR

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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CLERK OF CIRCUIT
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NATURAL HAIR STYLES, 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:

6200 SW 9th PLACE

UNIT NO.5

NORTH LAUDERDALE, FL 33068

Mailing Address:

6200 SW 9th PLACE

UNIT NO.5

NORTH LAUDERDALE, FL 33068

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:

DONNETTE EDWARD-BENNETT

Name

6200 SW 9th PLACE, UNIT NO. 5

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

NORTH LAUDERDALE

FL

33068

City

Zip

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..

Bennet

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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JACKSONVILLE, FLORIDA

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

AMBR

Name and Address:

DONNETTE EDWARDS-BENNETT

6200 SW 9th PLACE, UNIT NO.5

NORTH LAUDERDALE, FL 33068

DONNETTE EDWARDS-BENNETT

6200 SW 9th PLACE, UNIT NO.5

NORTH LAUDERDALE, FL 33068

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

THE LIMITED LIABILITY COMPANY SHALL HAVE PERPETUAL LIFE. THE LIMITED LIABILITY COMPANY SHALL COMPLY WITH ALL OF THE LAWS OF THE STATE OF FLORIDA & THE UNITED STATES. ONE HUNDRED PERCENT OF THE EQUITY OF THIS LLC SHALL BE OWNED BY DONNETTE E. BENNETT.

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.

DONNETTE EDWARDS-BENNETT

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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Detail by Entity Name

Florida Profit Corporation

NATURAL HAIR STYLES, INC.

Filing Information

Document Number P16000087753

FEI/EIN Number 81-4338380

Date Filed 10/31/2016

State FL

Status ACTIVE

Principal Address

6200 SW 9th Place

No.5

North Lauderdale, FL 33068

Changed: 02/17/2021

Mailing Address

6200 SW 9th Place

No.5

North Lauderdale, FL 33068

Changed: 02/17/2021

Registered Agent Name & Address

EDWARDS-BENNETT, DONNETTE

6200 SW 9TH PLACE

No.5

NORTH LAUDERDALE, FL 33068

Address Changed: 02/17/2021

Officer/Director Detail

Name & Address

Title PCEO

EDWARD-BENNETT, DONNETTE

6200 SW 9TH PLACE

No.5

NORTH LAUDERDALE, FL 33068

Title DVPC

EDWARD-BENNETT, DONNETTE

6200 SW 9TH PLACE

No.5

NORTH LAUDERDALE, FL 33068

Annual Reports

Report Year	Filed Date
2020	02/24/2020
2021	02/17/2021
2022	03/14/2022

Document Images

<u>03/14/2022 -- ANNUAL REPORT</u>	<u>View image in PDF format</u>
<u>02/17/2021 -- ANNUAL REPORT</u>	<u>View image in PDF format</u>
<u>02/24/2020 -- ANNUAL REPORT</u>	<u>View image in PDF format</u>
<u>01/10/2019 -- ANNUAL REPORT</u>	<u>View image in PDF format</u>
<u>04/02/2018 -- ANNUAL REPORT</u>	<u>View image in PDF format</u>
<u>02/19/2017 -- ANNUAL REPORT</u>	<u>View image in PDF format</u>
<u>10/31/2016 -- Domestic Profit</u>	<u>View image in PDF format</u>

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000087753

Entity Name: NATURAL HAIR STYLES, INC.

Current Principal Place of Business:

6200 SW 9TH PLACE
NO.5
NORTH LAUDERDALE, FL 33068

Current Mailing Address:

6200 SW 9TH PLACE
NO.5
NORTH LAUDERDALE, FL 33068 US

FEI Number: 81-4338380

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EDWARDS-BENNETT, DONNETTE
6200 SW 9TH PLACE
NO.5
NORTH LAUDERDALE, FL 33068 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PCEO
Name EDWARD-BENNETT, DONNETTE
Address 6200 SW 9TH PLACE
NO.5
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DVPC
Name EDWARD-BENNETT, DONNETTE
Address 6200 SW 9TH PLACE
NO.5
City-State-Zip: NORTH LAUDERDALE FL 33068

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD-BENNETT , DONNETTE

PRESIDENT/CEO

03/14/2022

Electronic Signature of Signing Officer/Director Detail

Date