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(Requestor's Name)		
(Address)		
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Dx	ocument Number))
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only
T. SCOTT

SEP 1 9 2022



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LA.LE AND/OR VIDEO FRANCHISHS DIVISION OF CORPORATIONS TALLKHASSEE, FLORIDA 2022 AUG 12 PH 1: 2





FLORIDA DEPARTMENT OF STATE Division of Corporations

August 13, 2022

CLAIRÉ ELIZABETH DOTEN 8666 BRIDLE PATH CT. DAVIE, FL 33328

SUBJECT: SWEET BLISS YOGA LLC

Ref. Number: W22000070463

We have received your document for SWEET BLISS YOGA 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):

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: 822A00018098

COVER LETTER

TO: New Filing Se Division of Co				
	Neet Bli	SS Voga		_
	(Name of Kes	uning Florida Limited C	company)	
		-	and fees are submitted to accordance with s. 605.	
Please return all corre	spondence concerning	g this matter to:		
_ Claire	Doten (Contact Person)			
	(Contact Person)			2022
_ JWRE+	Bliss Vo	<u> </u>		2022 AUS 12
Stololo Bri	dle Path C	+		2
	(Address)	- ' <u></u>		•: ₽
Davie, Fl	- 33328			PH 1: 05
, (0	ity, State and Zip Code)		i	78 35 B
E-mail Address: (to be	weetbliss cused for future annual re	YOGA, NE.		
For further informatic	on concerning this ma	tter, please call:		
Claire.	Doten	at (754)	234 - 7198 Daytime Telephone Number)	
(Name of Contac	et Person)	(Area Code) (I	Daytime Telephone Number)	_
Enclosed is a check for dollars and drawn on	——————————————————————————————————————		essed by this office must	t be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	S180.00 Filing Fee and Certified Copy	s S185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Addr			eet Address:	
New Filing Se Division of Co			w Filing Section vision of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Sweet Biss yoga, Toc. (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a COCPOCATION (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
on (Enter state, or if a non-U.S. entity, the name of the country) (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Sweet Bliss Voga (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company) 4. If not effective on the date of filing, enter the effective date: 8/1/2022
(I he 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.
าก เก๋า

Signed this 8th day of August	_ 20 <i></i>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Clar Printed Name: Clare E. Doten	no Endoa Title: Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Clair Easton	
Printed Name: Claire & Doter	Title: <u>President</u>
Signature:	
Signature:Printed Name:	Title:
Signature:	
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 Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili	ty Partnership
Signature of one General Partner.	<u>, , , , , , , , , , , , , , , , , , , </u>
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
Sweet Bliss Voa (Must contain the words "Limited Liability")	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Compa	any is:
Principal Office Address:	Mailing Address:	
Slold Bridle Path Ct. Davie, FL 33328	Stole Bridle PathCt. Davie, FL 33328	
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)		
The name and the Florida street address of the reg	gistered agent are:	
Claire Do-	ten	
	_ ,	
State Bridle Florida street address (P.O. F		
Davie	FL 33328	
City	Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe- accept the obligations of my position as regis	his certificate, I hereby accept the appointme v. I further agree to comply with the provision rformance of my duties, and I am familiar w	ent as ons of all eith and
Registered Agent's Signal	CAHASS 12	T
(CONTINU	PH 1: 20 WISHS DIEPORATIONS SEE, FLORIDA	

A	RT	CL	F	IV_{-}
* 1	N I			1 7 -

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	Claire Doten Suble Bridle Pathet. Davie, FL 33328
	
(Use attachment if necessary)	
ICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	Dota
This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	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 felon
Claire E.	
Tvi	ned or printed name of signee

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)