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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	y H



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THE LAW OFFICES OF ROBERT J. LONGCHAMPS, PLLC

- ATTORNEY AT LAW -

ESTATE PLANNING - PROBATE & TRUST ADMINISTRATION - REAL ESTATE

August 31, 2022

VIA PRIORITY MAIL ONLY

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

Re:

FAB Sportswear Intl LLC – a California Limited Liability Company Articles of Conversion and Articles of Organization for Florida LLC

Dear Sir or Madam:

Please find enclosed the following documentation in connection with the above matter:

- 1. The Original and (1) Copy of the (i) Articles of Conversion For Other Business Entity into Florida Limited Liability Company; and (ii) Articles of Organization for Florida Limited Liability Company;
 - 2. A copy of the Member's Resolution for FAB Sportswear Intl LLC;
 - 3. A copy of the Plan of Conversion for FAB Sportswear Intl LLC; and
- 4. Check Number 2923 in the amount of \$185.00 for the Filing Fee, Certificate of Status and Certified Copy associated with the enclosed documentation.

If any additional documentation is required, please notify us at your earliest convenience, so that same can be remitted accordingly.

Sincerely,

Robert J. Longchamps, Esq.

RJL/

Enclosures

cc:

Vivian A. Bolman

Michael Baddeley, Esq.

COVER LETTER

TO:	New Filing S Division of C				
SUB	JECT: FAB SP	ORTSWEAR INTL LLC			
000	<u></u>	(Name of Re	sulting Florida Limit	ted Con	прану)
			•		d fees are submitted to convert an "Othe cordance with s. 605,1045, F.S.
Pleas	se return all corr	espondence concernin	g this matter to:		
ROB	ERT J. LONGCH	AMPS, ESQ.			
		(Contact Person)		-	
THE	LAW OFFICES C	F ROBERT J. LONGCH	HAMPS, PLLC		
-		(Firm/Company)		-	
4440	PGA BOULEVA	RD, SUITE 600			
		(Address)		=	
PAL	M BEACH GARD	ENS, FLORIDA 33410			
	(1	City, State and Zip Code)		•	
RJL@	DLONGCHAMPS	LAW.COM			
E-	-mail Address: (to b	be used for future annual re	port notifications)	-	
For f	urther informati	on concerning this ma	tter, please call:		
ROB	ERT J LONGCHA	AMPS	_at (<u></u>	623-5	350
	(Name of Conta	ict Person)	(Area Code)	(Day	time Telephone Number)
		for the following amou a bank located in the		rocess	ed by this office must be payable in US
(\$25 f & \$12	50.00 Filing Fees for Conversion 25 for Articles ganization)	□S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add	ress:		Street	Address:
	New Filing S				iling Section
	Division of C	•			on of Corporations
	P.O. Box 632				entre of Tallahassee
	Tallahassee, l	rl 32314		∠415 î	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.605-3045. Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: FAB SPORTSWEAR INTL LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
DECEMBER 19, 2011
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: FAB SPORTSWEAR INTL 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.

day of JULY August 2022 Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative: _______ Title: MANAGER-Printed Name: A. VIVIAN BOLMAN Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Signature: Do/NV Printed Name: A. VIVIAN BOLMAN Title: MANAGER Signature: Printed Name: Title: Signature: Printed Name: Signature: Printed Name: _____ Title: ___ Signature: Printed Name:______ 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

\$30.00 (Optional)

\$5.00 (Optional)

Certified Copy:

Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

FAB SPORTSWEAR INTL 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:
8344 COZUMEL LANE	8344 COZUMEL LANE
WELLINGTON, FLORIDA 33414	WELLINGTON, FLORIDA 33414

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:

ROBERT J. L'ONGCHAMPS		17. C.
Name		等等
4440 PGA BOULEVARD, SUITE	E 600	ASS. 6
Florida street address (P.O. I	Box NOT acceptable)	王 、
PALM BEACH GARDENS	FL ³³⁴¹⁰	0:5
City	Zip	6 6

2

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

MGR	A. VIVIAN BOLMAN	
WIGK	8344 COZUMEL LANE	
	WELLINGTON, FLORIDA 33414	
	WELLINGTON, I CONDA 33414	
		
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LE V: Other provisions, if any.		·
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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.

A. VIVIAN BOLMAN

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)