

(Requestor's Name)				
(Add	tress)			
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(City	//State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Bus	siness Entity Nai	me)		
(Doc	cument Number))		
Certified Copies	Certificate	s of Status		
Special Instructions to F	Filing Officer:			

Office Use Only

T. SCOTT

NOY - 7 2002



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06/29.23--01039--031 **185.00

08/29/22--01009--022 **25.00

CALL AND UR VIDEO
FRANCISING
BIVISION OF CORPORATIONS
TALLAHASSFE, FLOPINA

2022 NOV -4 AM 6: 3n





August 9, 2022

JESSICA ST FLEUR 750 NE 199TH ST APT

SUBJECT: JUCIE GOODIES LLC Ref. Number: W22000089936

We have received your document for JUCIE GOODIES 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: 022A00017710

Tyrone Scott
Regulatory Specialist II
New Filings Section

www.sunbiz.org

COVER LETTER

and the second second

TO: New Filing Division of	Section Corporations			
SUBJECT: Juice G	ioodies //			
30b)r.Cr.	(Name of Re	sulting Florida Limi	ied Cor	npany)
The enclosed Articl Business Entity" in	es of Conversion, Artic to a "Florida Limited L	des of Organizat iability Company	on, ar Z" in a	nd fees are submitted to convert an "Other ecordance with s. 605,1045, F.S.
Please return all cor	respondence concerning	g this matter to:		
Jessica St Fleur			_	
Juice Goodies ᠘	(Contact Person)		•	
	(Firm/Company)		-	
750 NE 199th st apt 2	203			
	(Address)		_	
Miami, Fl, 33179				
	(City, State and Zip Code)		-	
juicegoodies@gmail.d	com		_	
E-mail Address: (to	be used for future annual re	eport notifications)		
For further information	ion concerning this ma	itter, please call:		
Jessica St Fleur		786	,2675	157
(Name of Con	act Person)	(Area Code	(Day	otime Telephone Number)
	for the following amount a bank located in the		oroces:	sed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180 00 Filing and Certified Cop		☐S485.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Add New Filing 9 Division of O P.O. Box 63 Tallahassee.	Section Corporations 27		New Divis The C 2415	t Address: Filing Section ion of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

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: Juice Goodies Inc.
(Enter Name of Other Business Entity)
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)
01/01/22 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Juice Goodies 🗸 🗸 📿
(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.



Signed this 24 day of 3ne 20 22 Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative Printed Name: Jessica St Fleur Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Printed Name: Signature: _____ Printed Name: ______ Title: _____ Signature: ______ 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: \$25,00 Articles of Conversion: Fees for Florida Articles of Organization: \$125.00 Certified Copy: \$30,00 (Optional) \$5.00 (Optional)

Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Juice Goodies LLC		
(Must contain the words "Lir	mited Erability Company, "E.E.C.," or "E.E.C.")	
ARTICLE II - Address:		
	s of the principal office of the Limited Liability Compar	
· ·		
Principal Office Address:	Mailing Address:	
	750 NE 199th St Apt 203	
750 NE 199th St Apt 203	and the same of th	
750 NE 199th St Apt 203 Miami, Florida 33179	Miami, Florida 33179	

The name and the Florida street address of the registered agent are:

Jessica St Fleur	
ì	Name
750 NE 199th st Apt 203	
Florida street address	(P.O. Box <u>NOT</u> acceptable)
Miami	FL 33179
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.

Registered Agent(s Signature (REQUIRED)

(CONTINUED)

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FILE FIDE

TOTAL CHARGE VIDEO

DIVISION OF CORPORATIONS

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TOTAL CORPORATIONS

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TOTAL CORPORATIONS

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Jessica St Fleur
	750 NE 199th St Apt 203
	Miami, Florida 33179
(Use attachment if necessary)	
(4	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	,
	- 0 0 10
Ceria	() Tour
	7.70
C C C C C C C C C C C C C C C C C C C	an-authorized representative of a member
Signature of a member of a	with section 605.0203 (1) (b). Florida Statutes, I am aware the
any false information submitted in a docum	ment to the Department of State constitutes a third degree felo
as provided for in s.817.455, F.S.	the first the forest the first terms are the f
Jessica St Fleur	
Туг	ped 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)