# 122000489705

(Requestor's Name)	-
(Address)	-
(Address)	-
(City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	-
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	
Office Use Only	μl



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### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 7, 2022

ENEDELIA GOODMAN NOTABLE NELLY 16261 SW 283 ST HOMESTEAD, FL 33033

SUBJECT: NELLY'S TAX SERVICE AND MOBILE NOTARY LLC.

Ref. Number: W22000127142

We have received your document for NELLY'S TAX SERVICE AND MOBILE NOTARY LLC. and your check(s) totaling \$185.00. 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 all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

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

Regulatory Specialist II

Letter Number: 622A0002245625

022 OCT 31 PH 4: 52

# COVER LETTER

	New Filing S Division of C					
SUBJE	Matte	's Tax Service and Mot	oile No	tary LLC.		
30041		(Name of Res	sulting F	lorida Limite	rd Con	apany)
						d fees are submitted to convert an "Other ecordance with s. 605,1045, F.S.
Please r	return all corre	espondence concerning	g this r	natter to:		
Enedelia	a Goodman					
		(Contact Person)		· <del></del>		
Notable	Nelly					
		(Firm/Company)				
16261	SW 283 St					
	<del></del>	(Address)				
Homest	ead Florida 330	กาา				
notabler	relly40@gmail.	City, State and Zip Code)				
		e used for future annual re	nort not	ifications)		
For furt	her information	on concerning this ma	tter, pl	ease call:		
Enedelia	a Goodman		at (_	05	246-3	3505
	(Name of Conta	ct Person)		(Area Code)	(Day	time Telephone Number)
		or the following amou a bank located in the			rocess	sed by this office must be payable in US
(\$25 for 0	00 Filing Fees Conversion or Articles ization)	☐\$155.00 Filing Fees and Certificate of Status		80,00 Filing     Fertified Copy		□\$185,00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632	ection orporations		]	New I Divisi	Filing Section ion of Corporations Centre of Tallahassee

INHS11 (7/17)

Tallahassee, FL 32314

The Centre of Tallahassee

2415 N. Monroe Street. Suite 8124 CF STATE

Tallahassee. FL 32303

PH 4: 52

#### **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: Notable Nelly
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CEnter 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)
01/24/2022
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Nelly's Tax Service and Mobile Notary LLC.
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 09/22/22
(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 as 605 1006 and 605 1061-605 1072. F.S.

Signed this 22 day of September	20 22
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:  Printed Name: Enedelia Goodman	Relia Goodnam  Title: Owner
Signature(s) on behalf of Other Business Entity:	
- Himmun Enedelu Mondon	
Printed Name: Enedelia Goodman	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	_ Title:
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	tv 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)

2022 OCT 31 PM 4: 52

#### **Articles of Conversion**

For

#### "Other Business Entity"

Into

# Florida Limited Liability Company

"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: Notable Nelly
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Center 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)
O1/24/2022 OB
tdate of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Nelly's Tax Service and Mobile Notary LLC.
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 09/22/22  (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
(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.

. . • . . •

The name of the	Name: c Limited Liability Con	pany is:
Nelly's Tax Se	ervice and Mobile Notary	LLC.
	(Must contain the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - The mailing add		of the principal office of the Limited Liability Company is
Principal Offic	e Address:	Mailing Address:
16261 SW 283 S Homestead Flori		Same
(The Limited Liabili	- Registered Agent, Re by Company cannot serve as its an active Florida registration.)	gistered Office, & Registéred Agent's Signature: own Registered Agent. You must designate an individual or another
(The Limited Liabili business entity with	ty Company cannot serve as its i an active Florida registration.)	gistered Office, & Registéred Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:
(The Limited Liabili business entity with	ty Company cannot serve as its i an active Florida registration.)	own Registered Agent. You must designate an individual or another
(The Limited Liabili business entity with	ty Company cannot serve as its an active Florida registration.)  he Florida street addres.	own Registered Agent. You must designate an individual or another
(The Limited Liabili business entity with	ty Company cannot serve as its an active Florida registration.)  he Florida street addres.	own Registered Agent. You must designate an individual or another softhe registered agent are:
(The Limited Liabili business entity with	ty Company cannot serve as its an active Florida registration.) he Florida street addres.  Enedelia Goodman  16261 SW 283 ST	own Registered Agent. You must designate an individual or another softhe registered agent are:
(The Limited Liabili business entity with	ty Company cannot serve as its an active Florida registration.) he Florida street addres.  Enedelia Goodman  16261 SW 283 ST	own Registered Agent. You must designate an individual or another s of the registered agent are:  Name

liability company at the place designated in this certificate. Thereby 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.,

Enedelie Goodman

Registered Agent's Signature (REQUIRED)

(CONTINUED)



<u>Fitle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MCiR" = Manager Owner	Enedelia Goodman
	16261-SW-263-St-Homestead-Florida-33033
·	
(Use attachment if necessary)  LE V: Other provisions, if any.	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	Doodman
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordant any false information submitted in a doc as provided for in s.817.155, F.S.	r an authorized representative of a member co with section 605,0203 (1) (b). Florida Statutes, I am aware that cument to the Department of State constitutes a third degree felony
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordant any false information submitted in a doc as provided for in s.817.155, F.S.	r an authorized representative of a member co with section 605,0203 (1) (b). Florida Statutes, I am aware that cument to the Department of State constitutes a third degree felony
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordant any false information submitted in a doc as provided for in s.817.155, F.S.	r an authorized representative of a member see with section 605,0203 (1) (b). Florida Statutes, I am aware that cument to the Department of State constitutes a third degree felony.  Goodman  Typed or printed name of signce
REQUIRED SIGNATURE:  Conclude  Signature of a member of This document is executed in accordant any false information submitted in a document as provided for in s.817,155, F.S.  Enedelia	r an authorized representative of a member of with section 605,0203 (1) (b). Florida Statutes, I am aware that cument to the Department of State constitutes a third degree felong Goodman  Typed or printed name of signee  Filing Fees
REQUIRED SIGNATURE:  Conclude  Signature of a member of This document is executed in accordant any false information submitted in a document as provided for in s.817,155, F.S.  Enedelia	r an authorized representative of a member ce with section 605.0203 (1) (b). Florida Statutes, I am aware that nument to the Department of State constitutes a third degree felony.  Goodman  Typed or printed name of signce  Filing Fees  To of Organization and Designation of Registered Agonal)  S 5.00 Certificate of Status (Optional
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordant any false information submitted in a doc as provided for in s.817.155. F.S.  Enedelia  \$125.00 Filing Fee for Articles	r an authorized representative of a member ce with section 605.0203 (1) (b). Florida Statutes, I am aware that nument to the Department of State constitutes a third degree felony.  Goodman  Typed or printed name of signce  Filing Fees  To of Organization and Designation of Registered Agonal)  S 5.00 Certificate of Status (Optional
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordant any false information submitted in a doc as provided for in s.817.155. F.S.  Enedelia  \$125.00 Filing Fee for Articles	r an authorized representative of a member see with section 605,0203 (1) (b). Florida Statutes, I am aware that cument to the Department of State constitutes a third degree felong Speed or printed name of signee  Filing Fees  s of Organization and Designation of Registered Age