L2300004177

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



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D. O'KEEFE JAN - 6 2023

W22-156301



December 19, 2022

MICHELLE ROSE MCCARTY 13300 NE 39TH TERRACE ANTHONY, FL 32617

SUBJECT: THE MAGIC HORSE FAIRY, LLC

Ref. Number: W22000156301

We have received your document for THE MAGIC HORSE FAIRY, LLC and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

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

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

DANIEL LO'KEEFE Regulatory Specialist II

Letter Number: 222A00028296

\$ 15000

COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: The Magic Horse Fairy, LLC.				
(Name of Re	sulting Florida L	imited Con	npany)	
The enclosed Articles of Conversion, Articles usiness Entity" into a "Florida Limited L	_			ther
Please return all correspondence concernir	ng this matter t	0;		
Michelle Rose McCarty				
(Contact Person)				
The Magic Horse Fairy, LLC.				
(Firm/Company)	<u> </u>			
13300 NE 39th Terrace				
(Address)				
Anthony, FL 32617				
(City, State and Zip Code)				
magichorsefairy@gmail.com				
E-mail Address: (to be used for future annual re	port notification:	s)		
For further information concerning this ma	itter, please ca	il:		
Michelle R. McCarty	at (<u></u>	1	6208	
(Name of Contact Person)	(Area Co	de) (Day	rtime Telephone Number)	
Enclosed is a check for the following amordollars and drawn on a bank located in the	•	•	sed by this office must be payable in t	JS
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ■ \$155.00 Filing Fees and Certificate of Status	□\$180,00 Fil and Certified (☐\$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		New I Divisi The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810— nassee, FL 32303	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3

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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.

The Magic Horse Fairy, 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 busi	ness trus	it, etc.)
First organized, formed or incorporated under the laws of	ame of the o	country)	
July 24, 2019			
(date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	les of Org	anizat	ion:
The Magic Horse Fairy, 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 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		•	
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.			
 The "Converted or Other Business Entity" has agreed to pay any members having appraisa which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S. 	l rights the	: amour	nt to
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	ALI AHASSEL	2023 JAN -6	
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Signed this 5th day of January	20			
Signature of Authorized Representative of Limi	ted Liability Company:			
Signature of Authorized Representative: Printed Name: Michelle Rose McCarty	Title: Member	-		
Signature(s) on behalf of Other Business Entity:				
Signature: A Printed Name: John Patrick McCarty	Title: Member			
Signature: Printed Name:	no 1	-		
Signature: Printed Name:	Title:			
Signature: Printed Name:	m)	-		
Printed Name:	Title:			
Signature:Printed Name:	_ Title:			
Signature: Printed Name:	Title:			
If Florida Corporation:	ou:			
Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc				
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:			
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> . General Partners.			2023	
All others: Signature of an authorized person.		NHASSI MAN	JAN -6	
Fees:		;n;	7	Ī
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	9 D	l: 58	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

T) 44 1 11			
The Magic Hors	e Fairy, LLC. (Must contain the words "Limited Li	ability Company, "L.L.C.," or "LLC,")	
ARTICLE II - The mailing ad		e principal office of the Limited Liability Compa	nv ier
The manning ac	aress and succeadaress of a	e principal office of the faithfield fathing company	15 15.
Principal Offic	ce Address:	Mailing Address:	
13300 NE 39th	Terrace	13300 NE 39th Terrace	
Anthony, FL 326	517 .	Anthony, FL 32617	
		 , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
The name and t	he Florida street address of	he registered agent are:	
The name and (he Florida street address of Michelle Rose McCarty	he registered agent are:	
The name and (Michelle Rose McCarty		
The name and (Michelle Rose McCarty N 13300 NE 39th Terrace		
The name and (Michelle Rose McCarty N 13300 NE 39th Terrace	P.O. Box <u>NOT</u> acceptable)	
The name and (Michelle Rose McCarty N 13300 NE 39th Terrace Florida street address (ame	

(CONTINUED)

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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	Mishalla Dana Magada	
AMBR	Michelle Rose McCarty	
	13300 NE 39th Terrace	
	Anthony, FL 32617	
AMBR	John Patrick McCarty	
	13300 NE 39th Terrace	
	Anthony, FL 32617	
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(Use attachment if necessary)	,	_
	•). : ,
		·-·
TCLE V: Other provisions, if any.		<u>:</u> :

REQUIRED SIGNATURE:

Mille Rose McCary

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.

Michelle Rose McCarty

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)