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	i
(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	



700394204797

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Love Witch	Spells & Supplies, LL one of Resulting Florida Limited Con	C mpany)
The enclosed Articles of Conversion Business Entity" into a "Florida Li		nd fees are submitted to convert an "Othe coordance with s. 605,1045, F.S.
Please return all correspondence co	pacerning this matter to:	
Madison Bridgette Gja		
Love Witch Spells & S	supplies	
10831 Sakonnet River (Address)		
Toumpa, FL 33615 (City. State and Z	ip Code)	
Bridatte @ love witch Spe E-mail Address: (to be used for future	annual report notifications)	
For further information concerning	this matter, please call:	
Madison Bridatte Gold (Name of Contact Person)	at (<u>lol4</u>) 7 ^C (Area Code) (Day	15 - 6633 viime Telephone Number)
Enclosed is a check for the following dollars and drawn on a bank located		sed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing and Certificate Status		O\$185.00 Filing Fees, Previous ly Certified Copy, and Certificate of Status
Mailing Address:	Stree	t Address:

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division of Corporations The Centre of Tallahassee 2415 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.605.1045. Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
Love Witch Boells & Scroplies 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.)
First organized, formed or incorporated under the laws of
on July 18, 7022 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Love Witch Spells & Supplies (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: February of 2023 (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 day of	anuary_	_20 <u>23</u>
Signature of Authorized Represe	ntative of Limit	ed Liability Company:
Signature of Authorized Represent Printed Name: Madison Bridge		
Signature(s) on behalf of Other Bu	siness Entity: [5	See below for required signature(s)
		_ Title:
Printed Name: Madison Social	<u>Pitle Galdan</u>	_ Title:
Signature:Printed Name:		Title:
Signature:Printed Name:		Title:
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
If Florida Corporation: Signature of Chairman, Vice Chairm If Directors or Officers have not bee		
If Florida General Partnership or Signature of one General Partner.	Limited Liabilit	y Partnership:
If Florida Limited Partnership or Signatures of ALL General Partners		y Limited Partnership:
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion: Fees for Florida Articles of Certified Copy: Certificate of Status:	Organization:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited	Liability Company is:
Love Witc	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 Addres	S: Mailing Address:
10831 Sakonnet V Tampa, FL 334	1 ver Dr 18204 10881 Sakonnet River In #204 5 Tampa FL 336015
	ed Agent, Registered Office, & Registered Agent's Signature: annot serve as its own Registered Agent. You must designate an individual or another rida registration.)
	street address of the registered agent are:
	adison Bridgette Golden Name
	831 Sakonnut River Dr. #204 da street address (P.O. Box <u>NOT</u> acceptable)
	Tanyon FL 33615 City Zip
liability company al registered agent and ag statutes relating to the	registered agent and to accept service of process for the above stated limited the place designated in this certificate. I hereby accept the appointment as see to act in this capacity. I further agree to comply with the provisions of all proper and complete performance of my duties, and I am familiar with and as of my position as registered agent as provided for in Chapter 605, F.S
R	egistered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	Name and Address.
"MGR" = Manager	

MGIZ	Madison Bridgette Golden
	10831 Sakonnet River Dr. == 201 Tampi, FL 33105
	Tampi, FL 33KF
	1
(Use attachment it necessary)	
(Use attachment if necessary)	
(Use attachment if necessary) CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	-6- Alan
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	Geller
CLE V: Other provisions, if any. REQUIRED SIGNATURE: L.J. Bracigotte	7
CLE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member This document is executed in accorda any false information submitted in a de	or an authorized representative of a member more with section 605.0203 (1) (b). Florida Statutes, I am aware the
REQUIRED SIGNATURE: Signature of a member This document is executed in accorda	or an authorized representative of a member more with section 605.0203 (1) (b). Florida Statutes, I am aware the
REQUIRED SIGNATURE: Signature of a member This document is executed in accorda any false information submitted in a de	or an authorized representative of a member ance with section 605.0203 (1) (b). Florida Statutes. I am aware the ocument to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a member This document is executed in accorda any false information submitted in a de	7

ARTICLE IV-

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Love Witch Spells and Supplies LLC
(Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Madison Bridgette Golden (Contact Person)
(Firm/Company)
10831 Sakonnet River Dr. #204
Tampa, FL 33615 (City, State and Zir Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Madison Golden at (614) 795-6633 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\begin{array}{c} \S155.00 \text{ Filing Fees} & \Bigsigmus \text{\$180.00 Filing Fees} & \Bigsigmus \text{\$185.00 Filing Fees} & \Bigsigmus \text{\$Certified Copy}, and \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision 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 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
Starutes.
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Love Witch Spells and Supplies LLC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Corporation (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)
on 67/18/2022 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Love Witch Spells and Supplies 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.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited I	iability Company is:	
Love Witch	n Spells and the words "Limited Liability	Supplies LLC Company, "L.L.C." or "LLC.")
ARTICLE II - Address: The mailing address and st	reet address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address	<u> </u>	Mailing Address:
10831 Sakonnet Tampa, Florida	2iver Dr. #204 33615	Same
ARTICLE III - Registere (The Limited Liability Company or business entity with an active Flor	nnot serve as its own Registe	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida	street address of the re	gistered agent are:
<u>_Mo</u>	dison Bridget	re Golden
	i	
<u>1083</u> Flori	31 Sakonnet Ri da street address (P.O.	Nex Dr. #204 Box NOT acceptable)
T	hwwa	FL 33615 Zip
.ا	City	Zip
liability company at v	he place designated in ee to act in this capaci	accept service of process for the above stated limited this certificate. I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance 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)

	Name and Address:
<u>Title:</u> "AMBR" = Authorized Member	Maine and Avoir eggs
"MGR" = Manager	
110.57	Alitin 2 death Couldon
MGZ_	Madison Bridgette Golden 10831 Sakonnet River Dr. #204
İ	Tampa, FL 33615
	•
(Use attachment if necessary)	
İ	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	α
_ Y midgettel	rolden
(//	
	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am aware
	ocument to the Department of State constitutes a third degree fe
any false information submitted in a do as provided for in s.817.155, F.S.	
any false information submitted in a do as provided for in s.817.155, F.S.	Typed or printed name of signce

Signed this 27 day of Av	gust:	20_22
Signature of Authorized Represen	tative of Limite	ed Liability Company:
Signature of Authorized Representa Printed Name: <u>ModiSon Bridgetle</u>		
Signature(s) on behalf of Other Bus		
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:	-	Title:
Printed Name:		Title:
Printed Name:		Title:
Signature: Printed Name:		
If Florida Corporation: Signature of Chairman, Vice Chairman If Directors or Officers have not been		
If Florida General Partnership or I Signature of one General Partner.	imited Liability	y Partnership:
If Florida Limited Partnership or I Signatures of <u>ALL</u> General Partners.	imited Liability	Limited Partnership:
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion: Fees for Florida Articles of Certified Copy: Certificate of Status:	Organization:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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