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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
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Special Instructions to Filing	Officer:
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Office Use Only

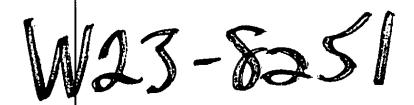


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2023 JAN 31 PM II: 06 SECRETARY OF STATE





#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 24, 2023

JACQUELINE FRANKLIN SASSY GIRLS BOUTIQUE 765 OSPREY DR PORT ORANGE, FL 32127

SUBJECT: SASSY GIRLS BOUTIQUE LLC

Ref. Number: W23000008251

We have received your document for SASSY GIRLS BOUTIQUE 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 complete the marked sections in the Articles of Conversion. A signature is missing.

Please return 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.

DANIEL LO'KEEFE Regulatory Specialist II

Letter Number: 523A00001691

#### **COVER LETTER**

TO: New Filing Section Division of Corporations			
SUBJECT: Sassy Girls Bor (Name of Resulting	utique g Florida Limited (	Inc Company)	
The enclosed Articles of Conversion, Articles of Business Entity" into a "Florida Limited Liabili	-		
Please return all correspondence concerning thi	s matter to:		
Jacqueline Franklin (Contact Person)			
"TUS OSPYELL Dr.			
Park Drance FL 3212 City. State and Zip Code) Park 1846 Jahoo. Com E-mail Address: (to be used for future annual report)	notifications)		
For further information concerning this matter.	please call:		
Jacqueline Franklin at (Name of Contact Person)	·———	031-8150 Daytime Telephone Number)	-
Enclosed is a check for the following amount: (dollars and drawn on a bank located in the Unit	·	cessed by this office must b	e payable in US
	\$180.00 Filing Fee d Certified Copy	es ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327	N∈ Di	reet Address:  www.Filing Section  vision of Corporations  to Centre of Tallahassee	2023 JAN 3 SECRETAR TALLANS

The Centre of Tallahassee 2415 N. Monroe Street, Suite 8105 Tallahassee, FL 32303

Tallahassee, FL 32303

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 Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
Sassy Cairls Boult-aue (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a COCOCATION (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
on On-22-2011 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Sassi Girls Budjace LC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
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 810 day of 000	2022	
Signati	ure of Authorized Representative of Limit	ed Liability Company:	
Signatu Printed	are of Authorized Representative: Name: Jacqueline Franchin	Title:	
Signati	ure(s) on behalf of Other Business Entity:	See below for required signature(s)	
Signatu Printed	Name: G/ENN FRANTLIN	Title: V. P	: X
Signati	re:Name:		,
Printed	Name:	Inte:	
Signatu	re:	Til	
Printed	Name:	Title:	
Signati	ıre:		
Printed	Name:	Title:	
Signati	ire:		
Printed	Name:	Title:	
Signati	re:		
Printed	Name:	_ Title:	
Signati	ida Corporation: are of Chairman, Vice Chairman, Director, or ectors or Officers have not been selected, an Ind		
	ida General Partnership or Limited Liabiliure of one General Partner.	ty Partnership:	
	rida Limited Partnership or Limited Liabili ures of <u>ALL</u> General Partners.	y Limited Partnership:	
All oth Signati	ners: ure 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)	1377をおおび

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sassy Girls Boutique (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	FIC
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liabi	ility Company is:
Principal Office Address:	Mailing Address:	
765 Osprey Dr. Port Orange, FL. 32127	745 Osprey Dr Port Orange, Al	<u>.</u> 
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Sired Agent. You must designate an individua	ignature: il or another
The name and the Florida street address of the re	gistered agent are:	
Jarqueline F	ronklin	
Name  145 OSPICU DI.  Florida street address (P.O. Box NOT acceptable)		
Florida street address (P.O.	Box NOT acceptable)	
Port Orange	FL 32127 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 Sign	ature (REQUIRED)	
(CONTINI	UED)	SECRETARY TALLAIR
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The name and address of each person authorized to manage and control the Limited Liability Company:

	Title:	Name and Address:
	"AMBR" = Authorized Member "MGR" = Manager MGC	Jacqueline Franklin Jus Osprey Dr. Doct Oromoe FG- 32127
	AMBR	Colenn Franklin Sr. The Soprey Dr. Port Orange, Pt. 32127
AR′	(Use attachment if necessary)  FICLE V: Other provisions, if any.	
	REQUIRED SIGNATURE:	
	This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony
	Jacqueline tr	ped or printed name of signee
	1 у	ped of printed name of signed

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)