# L23000130943

(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:

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TAMASSEE, 31 0915-53 ECSC 1/49 Y OF 31 AVE OF 1/44 TO 1/47 TO FILED

## **COVER LETTER**

Division of C	orporations			
SUBJECT: HOUSE	OF CRYSTAL LLC			
50b31.01.	(Name of Res	sulting Florida Limited	Company)	
			, and fees are submitted to n accordance with s. 605	
Please return all corre	espondence concernin	g this matter to:		
MARY LYNN KLEIME	YER			
	(Contact Person)			
HOUSE OF CRYSTAL	. INC			
	(Firm/Company)			
P.O. BOX 27540				
	(Address)			
PANAMA CITY BEAC	H, FL 32411			23 HAR -1 SECRETARY TALLAHASS
((	City, State and Zip Code)			
marylynn77@comcast	.net			ASA T
E-mail Address: (to b	e used for future annual re	port notifications)		HAR -1 E
For further information	on concerning this ma	tter, please call:		PHIO: 53
MARY LYNN KLEIME	YER	at ( 850 )	234-2197	5 X X
(Name of Conta	ct Person)		Daytime Telephone Number)	
	or the following amou a bank located in the		cessed by this office mus	t be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fee and Certified Copy	es \$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Addi New Filing So Division of C P.O. Box 632	ection orporations	Ne Di	reet Address: ew Filing Section vision of Corporations the Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section

### **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 Articl HOUSE OF CRYSTAL INC	les of Conversion is:
(Enter Name of Other Business Entity)	•
2. The "Other Business Entity" is a S CORPORATION	
(Enter entity type. Example: corporation, limited partnership, general partnership, commo	on law or business trust, etc.)
First organized, formed or incorporated under the laws of FLORIDA	<del></del>
(Enter state, or if a non-U.S. entity, the	e name of the country)
on 01/18/2015  (date of organization, formation or incorporation)  3. The name of the Florida Limited Liability Company as set forth in the attached Arti HOUSE OF CRYSTAL LLC	-1 -1 -1 -1
(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 9 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 dat 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.	

- 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 17 day of FEBRUARY	_20 <u>_23</u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: MARY LYNN KLEIMEYER	Title: MANAGER
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]
Signature: Mary Lynn KLEIMEYER  Printed Name: MARY LYNN KLEIMEYER	2
Printed Name: MARY LYNN KLEIMEYER	Title: MANAGER
Signature:	-
Printed Name:	Litle:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation:	IAI
Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc.	
The Directors of Officers have not occur selected, an inc	A A
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty 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)

SECRETARY OF STATE

FILED
23 HAR -1 PHIO: 53

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
HOUSE OF CRYSTAL LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC,")
APTICLE II - Addross:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
3643 PRESERVE BLVD	P.O. BOX 27540
PANAMA CITY BEACH, FL 32408	PANAMA CITY BEACH, FL 32411

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

MARY LYNN KLEIMEYER Nam	ne	231 SEC	7
3643 PRESERVE BLVD Florida street address (P.C	D. Box NOT acceptable)	MAR -	\ 
PANAMA CITY BEACH	FL_32408		
City	Zip	2012 T	مر.

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..

(CONTINUED)

## 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	MARY LYNN KLEIMEYER
	3643 PRESERVE BLVD
	PANAMA CITY BEACH, FL 32408
	<u></u>
(Use attachment if necessary)	As 2
•	23 <b>+</b> SEC ALL
	CRE LAH,
CLE V: Other provisions, if any.	\$F ?
•	<u> </u>
	#####################################
REQUIRED SIGNATURE:	53 50 50
	``
Than Clyn L	lem 2 207
Signature of a member or	an authorized representative of a member
	with section 605.0203 (1) (b), Florida Statutes, 1 am aware that
any false information submitted in a docur	ment to the Department of State constitutes a third degree felony
as provided for in s.817.155, F.S.	
MARY LYNN KLEIMEVER	

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)