L23000294878

(Re	questor's Name)	
(Ad	dress)	
(0.1		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	alv



600408354766

06/02/23--01030--001 **155.00

12023 JUN - 2 PM 3: 1:



COVER LETTER

то:	New Filing S Division of C						
SUBJE	ect: C	one Knot Hair	net, LLC				
СОВОЕ		(Name of Res	ulting Florida Limited	d Comp	pany)		
					fees are submitted to convert cordance with s. 605.1045, F.S.		her
Please	return all corr	espondence concerning	g this matter to:				
<u></u>	chelle O	SCOOD (Contact Person)					
	e Knot H	(Firm/Company)	 				
		(7 . 7 . 19/3	!			
_20	1 torest	Park Lane (Address)	P.O SOX 1863)			
Lac	y Lake	FL 32159 City, State and Zip Code)				~ 9	
	(City, State and Zip Code)	1	_	***1 ***	023	
<u> </u>	inkwineta nil Addeno: (tal	rm@yahco.com	not notifications)	שטחב	Knothairnet.com [A] ASSEE, FL ime Telephone Number)	NOC	<u>.</u>
F)-III	all Addiess. (to i	oe used for future annual re	port normeations)		Ĥ.	-2	
For fur	ther informati	ion concerning this ma	tter, please call:		SSS C	P	{ {
Mic	thello Oc	sa ood	at (802)	35	5-4467 mg	ယ္	1_
	(Name of Cont	act Person)	(Area Code)	(Dayt	ime Telephone Number)	<u> </u>	
Enclos	ed is a check		int: (All checks pr		ed by this office must be payal		
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	✓ \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing F and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
	Mailing Add	lress:	<u> </u>	Street	Address:		
New Filing Section			New Filing Section				
	Division of C P.O. Box 633	-			on of Corporations entre of Tallahassee		
	Tallahassee,				N. Monroe Street, Suite 810		

Tallahassee, FL 32303

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Article	es of Conv	versio	n is:
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, commo	n law or bus	siness t	rust, etc.)
First organized, formed or incorporated under the laws of Vermont			
(Enter state, or if a non-U.S. entity, the	name of the	countr	- ry)
on 15 2009 (date of organization, formation or incorporation)	TALL	± 2 023 J	أست
3. The name of the Florida Limited Liability Company as set forth in the attached Arti	cles of Or	⊊aniz	ation:
One Knot Hairnet, LLC (Enter Name of Florida Limited Liability Company)	TY OF STATE	:2 PM	
4. If not effective on the date of filing, enter the effective date:	STATE	ယ္ -	
(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 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.			

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 1 - Name:

The name of the Limit	ed Liability Company is	3:				
One Kr	not Hairnet, LLC	 				
(Must co	ntain the words "Limited Liabil	ity Company, '	`L.L.C.," or "LLC.")			
ARTICLE II - Addre The mailing address ar	ss: nd street address of the p	orincipal of	fice of the Limited	d Liability C	lompa	ıny is:
Principal Office Add	ress:	Mailing	Address:			
207 Forest Lady Lake	Park Lane FL 32159	Po	Bax 1863 y Lake, FL	32158		
ARTICLE III - Regis (The Limited Liability Compa business entity with an active	tered Agent, Registered ny cannot serve as its own Region Florida registration.)	ed Office, & stered Agent.	Registered Age You must designate an i	ent's Signati ndividual or and	ure: other	
The name and the Flor	ida street address of the	registered	agent are:		1 2023	
	Michelle Osgcoc Nan	<u>}</u>		ALLAHASSEE,	2023 JUN -2	
	207 Forest Parorida street address (P.0			OF STA	P# 3:	E
	Lady Lake City	FL	32159 Zip	TIE	r u	

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..

Muchelle Offical
Registered Agent's Signature (REQUIRED)

(CONTINUED)