# 123000 344664

(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:
W23000067626





500406450665

04/20/23--01021--018 \*\*195.00



### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

May 10, 2023

KRISTINE D. ESTELA 9765 SOUTHBROOK DRIVE APT4003 JACKSONVILLE, FL 32256 US

SUBJECT: BEADS & PEARLS JEWELRY LLC

Ref. Number: W23000067626

We have received your document for BEADS & PEARLS JEWELRY LLC, and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

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.

ARCEDRA JOHNSON Regulatory Specialist II

Letter Number: 323A00010600

### **COVER LETTER**

<b>TO:</b> New Filing S Division of C						
SUBJECT:	•	t Pcv/s	Jevela	LVC		
	(Name of Re	esulting Florida Limited	Company)		_	
	s of Conversion, Arti o a "Florida Limited I	-				Other
Please return all corr	espondence concerni	ng this matter to:				
\	ristine D. 1	Edda				
	Ristine D. (Contact Person)  Beads t	Pearls Jewe	elry LLC			
	(Firm/Company)  Wing Brook  (Address)		•		<del>-</del> -	
_					23 NºK 20 \$50 (No. 2)	··· T
	is fl 328				是 第2	
(	City, State and Zip Code)	1			o	
beods and bea	Sjewelk P gy oc used for future annual r	nail am				· ;
						)
For further informati	on concerning this ma	atter, please call:			; · · · · · · ·	נ
Kristine	D. Eskly	at (646)	620 - 4	મેત્રે 🞖		
(Name of Conta	act Person)	(Area Code) (	Daytime Teleph	one Number)	_	
	or the following amo a bank located in the		cessed by this	office must l	be payable in	US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fee and Certified Copy	es D\$185.00 Certified ( Certificate			
Mailing Add	<del></del>		reet Address:			
New Filing S Division of C			w Filing Sect vision of Cor			
2211131011 OI C	or poradons	וט	FISION OF COL	poracións		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

INHS11 (7/17)

P.O. Box 6327

Tallahassee, FL 32314

### **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 Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LC (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 Tune 11, Join (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization    Deads + Dearls Jewe   VC     (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: Jwm 27, 2025.  (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 27 day of July	_20 <u>_</u> 37	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: KD Printed Name: KRISTONE D. ECELOT	Title: MarBusiness Owners	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	
Signature: KRISTINE D. ESTOR	Title: Mathasinas awner	<
Signature:Printed Name:	_ Title:	·
Signature:Printed Name:	_ Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:	_ Title:	
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		Par in the second
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	23 APR 2
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		3: E8
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)	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE 1 - Name:** 

The name of the Limited Liability Company is:	
Beach & Pearls (Must contain the words "Limited Liability	Tevele WC Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
344 Rambling Brook TRL Saint Johns Fl 32259	344 Rambling Brook TRL Saint Johns FL 32219
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	
Kristine	D. Estela
Name 344 Rambling	p - d . + 1 23
Florida street address (P.O.	Brook Teal Box NOT acceptable)
Saint Johns City	FL 32259 ===================================
City	Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p	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 alterformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S

(CONTINUED)

Α	RT	11	Æ	IV.
73			 # II '4	

The name and address of each person authorized to manage and control the Limited Liability Company:

Name and Address:
344 Rambling Brook Tran St Johns FL 722,70
23 APR 20 SEGRETATION ALLANASIA
<u> </u>

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)