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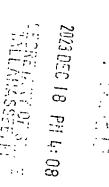
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 mily officer.

Office Use Only



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12/18/23--01041--004 **150.00



COVER LETTER

Division of Corporations				
SUBJECT: Bel Sidders Skincare, 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:				
Bev Sidders (Contact Person) Bev Sidders Skincare, LLC (Firm/Company) 4600 Sailmaker Lane (Address) Destry, FL 32541 (City. State and Zip Code) bev@ bevsidders. com E-mail Address: (to be used for future annual report notifications)				
For further information concerning this matter, please call:				
Bey Sidders at (434) 409-2599 (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 \$155.00 Filing Fees and Certificate of \$180.00 Filing Fees Certified Copy Certificate of Status Certificate of Statu				
Mailing Address:Street Address:New Filing SectionNew Filing Section				

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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TO: New Filing Section

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:
Bey Sidders Skincare, LCC (Enter Name of Other Business Entity)
(Enter Name of Other Business Entify)
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 VIVAIVIA
First organized, formed or incorporated under the laws of Vivalvia. (Enter state, or if a non-U.S. entity, the name of the country)
on Jan-3, 2008 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Bev Sidders Skincare, LLC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: <u>Jan 1, 2024</u> (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 4th day of December		
Signature of Authorized Representative of Limi	ited Liability Company:	
Signature of Authorized Representative: Bevery Printed Name: Bevery 6. Sidders		
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
Signature: Bushy A. Sidders Printed Name: Bevok by 6. 51 dders	_ Title: <u>CEO</u> , 100%, owner	
!		
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:	2027	
Signature:Printed Name:	_ Title: III	•••
	the state of the s	•
Signature:Printed Name:	Title:	:
	riter II.	
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Indiana.	Officer.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabilit 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)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bey Sidders Sk (Must contain the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	rincipal office of the Limited Liability Company is	s:
Principal Office Address:	Mailing Address:	
Ben Sidders Aboo Sailmaker Lane Destro, FL 32541 ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	Bev Sidders 4600 Sailmaker Lane Destin, FL 3254-1 d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another	
The name and the Florida street address of the	registered agent are:	
Beverly G.	Sidders e Sidders	
Florida street address (P.C.)	mater lune so	ي ر الأي الأي
City	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 Signature (REQUIRED)

(CONTINUED)

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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	Beverly Sidders 4600 Sailmaker Lane Destin, FL 32541
	2023 bg
(Use attachment if necessary)	, α
RTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Buerly:	J. Sidders
This document is executed in accordance	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
	ped or printed name of signee
(Ty	ped 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)