# L24000148865

(Requestor's Name)
(Address)
(Address)
(Addiess)
(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 Filling Officer.

Office Use Only



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SECRETARY OF STATE

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T. J.H 2/12/124

### **COVER LETTER**

TO:	New Filing Se Division of C						
CIID I	ECT: Conch C	outure LLC					
3010		(Name of Res	ulting Florid	la Limited	d Con	npany)	
						nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.	٢
Please	e return all corre	espondence concernin	g this matt	er to:			
Steve	n Weldon						
		(Contact Person)					
Viking	Financial Solution	ons, Inc.					
		(Firm/Company)					
401 E	Jackson Street	Ste 2340					
	<del></del>	(Address)					
Tamp	a, FL 33602						
	(1	City, State and Zip Code)					
steve	n@vikingcfo.com	1					
E-r	mail Address: (to b	e used for future annual re	port notifica	tions)			
For fu	ırther informati	on concerning this ma	tter, please	call:			
Steve	n Weldon		at ( <sup>813</sup>	)	428-7	7522	
	(Name of Conta	ict Person)	(Are	a Code)	(Day	7522 ytime Telephone Number)	
		For the following amou a bank located in the			ocess	sed by this office must be payable in US	
(\$25 fc & \$12.	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 and Certif	_		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Add New Filing S Division of C	ection Corporations		ī I	New I Divisi	t Address: Filing Section ion of Corporations Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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.

	he name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
	(Enter Name of Other Business Entity)
2. Th	corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First (	organized, formed or incorporated under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
02 On	-12-2016
(da	ate of organization, formation or incorporation)
3. Th	ne name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Conch	n Couture, LLC
	(Enter Name of Florida Limited Liability Company)
4. If	not effective on the date of filing, enter the effective date:
	effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
	ate this document is filed by the Florida Department of State.)
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
5. The	e 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 5 day of January	20_2_4
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:	
Printed Name: Steven Weldon	Title: Registered Agent
Signature(s) on behalf of Other Business Entity:	(See below for required signature(s))
	[See below for required signature(s)]
Signature:	
Signature:/ Printed Name: Rebecca Weldon	Title: Owner
Signature:	
Signature:Printed Name:	Title:
Signature:	<del></del>
Printed Name:	Title:
61	
Signature:Printed Name:	Title
Printed Name:	rue.
Signature	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Ir	icorporator must sign.
If Clauida Canaval Dautnauchin au Limitad Liahil	ity Bautnauchins
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity rartifership.
Signature of one Ceneral Farther.	
If Florida Limited Partnership or Limited Liabil	ity Limited Partnership:
Signatures of ALL General Partners.	<u>,</u>
All others:	
Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Conch Couture, LLC			1111
(Must contain the words	"Limited Liability Company	y, "L.L.C.," or "LLC	l.")
ARTICLE II - Address: The mailing address and street add	lress of the principal	office of the Li	mited Liability Company is:
Principal Office Address:	<u>Maili</u>	ng Address:	
10312 Bloomingdale Ave	10312	Bloomingdale A	ve
Ste 108 PMB 147		08 PMB 147	
Riverview, FL 33578	River	iew, FL 33578	
	Name Street, Suite 2340		_
	address (P.O. Box N		)
Tampa	FL_	33602 ——————	_
	City	Zip	
Having been named as registere liability company at the place registered agent and agree to act statutes relating to the proper a accept the obligations of my p	designated in this cert in this capacity. I future in this capacity. I future in the complete performance is registered in the control of the capacity in the capacity is a second control of the capacity in the capacity is a second control of the capacity in the capacity is a second control of the capacity in this cert in this capacity. If the capacity is a second control of the capacity in this cert in this capacity in this cert in this capacity. If the capacity is a second control of the capacity in this capacity is a second control of the capacity in this capacity is a second control of the capacity in the capacity is a	tificate, I hereb orther agree to co ance of my dutie agent as provid	y accept the appointment as omply with the provisions of all es, and I am familiar with and
Registered	l Agent's Signature (I	REQUIRED)	

(CONTINUED)

A	D.	ГΙ	C	.F.	IV.

The second

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	D. Lanca Michael
MGR	Rebecca Weldon
	10312 Bloomingdale Ave, Ste 108 PMB147
	Riverview, FL 33578
(Use attachment if necessary)	
(300 20020000000000000000000000000000000	
CLE V: Other provisions, if any.	
one promoting any	
<del></del> -	
REQUIRED SIGNATURE:	
<u>KEQUILID</u> SIGNATURA	
Signature of a mambar or	an authorized representative of a member
This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware th
any false information submitted in a docu	iment to the Department of State constitutes a third degree felo
as provided for in s.817.155, F.S.	1.1
Robocca 1	10/do
	RIGOT 1
Ту	yped or printed name of signee
	Cilian Con

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)