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(Re	questor's Name)	
(Ad	dress)	<u> </u>
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to F	Filing Officer:	

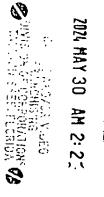
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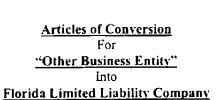


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COVER LETTER

TO: New Filing S Division of C				
SUBJECT: Beauty	Gourmet, LLC			
50b3EC1	(Name of Re	sulting Florida Lir	nited Cor	npany)
				nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to	:	
Adrian Ravenscroft				
	(Contact Person)			
Beauty Gourmet, LLC				
	(Firm/Company)		_	
6935 15th St E Ste 10	2			
	(Address)			
	Cinc State and Tin Code)			
Sarasota, FL 34237	City, State and Zip Code)			
	e used for future annual re	nost notifications	_	
E-man Address. (to t	e used for future affilial re	port homications)		
For further informati	on concerning this ma	tter, please call	:	
Adrian Ravenscroft		_at (_508	954-	6315
(Name of Conta	ct Person)	(Area Cod	e) (Day	rtime Telephone Number)
	or the following amou a bank located in the	•	process	sed by this office must 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 Filir and Certified Co		S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add: New Filing Son Division of C P.O. Box 632	ection orporations 7		New Division The C	t Address: Filing Section ion of Corporations Centre of Tallahassee
Tallahassee, l	·L 32314		2415	N. Monroe Street, Suite 810

Tallahassee, FL 32303





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: Beauty Gournet
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company (LLC) (State particular Reports and Company Limited partnership general partnership common law or business trust, etc.)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of Colorado (Enter state or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
4/13/2020 on
(date of organization, formation or incorporation)
Beauty Gourmet, LLC (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 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 28 day of May	20 <u>_ 24</u>	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative:	Title: President	-
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	
Signature: Printed Name: Kristine Ravenscroft	_ Title: CEO	- -
Signature: AT TZ—JL		-
Printed Name: Adrian Ravenscroft Signature:	Title: <u>COO</u>	-
Printed Name Amanda Moran	Title: CMO	- -
Signature:Printed Name:	Title:	- -
Signature:		_
Printed Name:	Title:	~ 69
Signature:Printed Name:	_ Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer.	17 30 X 30
If Directors or Officers have not been selected, an Inc		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:	2.2
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

The name of the	: Limited Liability Compan	y 18:	
Beauty Gourmet			·
	(Must contain the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - The mailing add		he principal office of the Limited	l Liability Company is:
Principal Offic	e Address:	Mailing Address:	
6935 15th St E S	ite 102	6936 15th St E Ste 102	
Sarasota, FL 342		Sarasota, FL 34243	
The name and the	Gina Marie Foti 2338 Emerson Ave	the registered agent are:	MAY 30 AM
	Florida street address	(P.O. Box NOT acceptable)	
	Saint Petersburg	FL ³³⁷¹²	
	City	Zip	•
liability co registered age statutes rela	mpany at the place designate that and agree to act in this conting to the proper and compobligations of my position a	and to accept service of process for ed in this certificate, I hereby accurately. I further agree to comply lete performance of my duties, and is registered agent as provided for the service of the ser	ept the appointment as wwith the provisions of all d I am familiar with and

(CONTINUED)

	DT	7/1		
A	RT	ш	, M.	IV-

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	K : 17 - 17 18	
MGR	Kristine Ravenscroft	
	2260 Ringling Blvd, Unit 432	
	Sarasota, FL 34237	
MGR	Adrian Ravenscroft	
	2260 Ringling Blvd, Unit 432	
	Sarasota, FL 34327	43
MGR	Amanda Moran	OF THE SO
INON	500 N Andrews Ave, Unit 120	<u> </u>
	Fort Lauderdale, FL 33301	्रिक्ट ी, 🚨
	Torreaddirection, re-oddor	<u> </u>
		アカラン
		<u> </u>
		22 N
		20 0 20
(Use attachment if necessary)		<u> </u>
•		•
CV 11 No. Oak on manadistance if ages		
CLE V: Other provisions, if any.		
REQUIRED SIGNATURE:		
Lugar 56		
This document is executed in accordance	an authorized representative of a me with section 605.0203 (1) (b), Florida Statute ment to the Department of State constitutes a	es. I am aware that
•		

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)

Typed or printed name of signee