# L24000428433

(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:	
W24000105943 10-07-24	

Office Use Only



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SEURE BARY OF STATE TALLAHASSEE, FLOPIDA

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**.** [ ]

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August 21, 2024

HEATHER RENSHAW 2 CRISTON COURT PALM COAST, FL 32137 US

SUBJECT: SHOP MODEST MAGNOLIA LLC

Ref. Number: W24000105943

We have received your document for SHOP MODEST MAGNOLIA LLC and check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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 calls (850) 245-6052.

Monique K Anderson Regulatory Specialist II

Letter Number: 724A00016027

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### **Articles of Conversion**

For

## "Other Business Entity"

Into

### Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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 En				s of Con	version is	:
(Enter N	ame of Other Busine	ss Entity)	·			
2. The "Other Business Entity" is a (Enter entity type. Example: co	rporation, limited pa	rtnership, general partner	Porotion	LLA	isiness trust,	etc.)
First organized, formed or incorporated	under the laws o	f <u>Cerrs</u> i C Enter state, or if a non-U	S. entity, the	name of th	e country)	
on May 15, 2022 (date of organization, formation or incorpo	ration)					
3. The name of the Florida Limited Lia  Shop Mode  (Enter Name of F				cles of O	rganizatio	on:
(Enter Name of F	orida Limited Liabil	ity Company)	<u> </u>			
4. If not effective on the date of filing, (The effective date: Cannot be prior the date this document is filed by the Note: If the date inserted in this block does not document's effective date on the Department of	to date of receipt Florida Departi t meet the applicable	t or filed date nor m ment of State.)			•	
5. The plan of conversion has been app	roved in accordan	nce with all applicabl	e statutes.			
6. The "Converted or Other Business Ent which such members are entitled unde	ity" has agreed to er ss. 605.1006 and	pay any members hav d 605.1061-605.1072,	ving appraise F.S.	LAHASSEE	amount 24 0CI -7 AH 7:	: to

Signed this 3 day of September	20			
Signature of Authorized Representative of Limi	ted Liability Company:			
Signature of Authorized Representative:	_Title: authorize	el ref		
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)		_	
	See below for required signature(s)  Swap malest megnoling	a LLL	, (Tec	OYC; C
Signature: Alendra Rendra	Title: Owner authorized	rep		,
Signature:				
Signature:Printed Name:	Title:			
Signature:		_		
Signature:Printed Name:	Title:	•		
Signature:		-		
Printed Name:	Title:	•		
Signature:Printed Name:				
Printed Name:	Title:			
Signature:Printed Name:		-		
Printed Name:	Title:	-		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.				
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:			
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:			
All others: Signature of an authorized person.				
Fees:		TALI OF	2024	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	CT	2024 OCT -7 AM 7: 42	
		40E	<b>4</b> 2	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION  ARTICLE I - Name:  The name of the Limited Liability Company is:	
Shop Modest May No.	y, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Maili	ing Address:
2 criston Ct Palm (cast FL 3213)	2 Criston Ct- Palm Coast FL 32137
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own Registered Age business entity with an active Florida registration.)  The name and the Florida street address of the register  beroading F  Name	
Heather 12015	share
2 Cr: ston C+ F	) de la companya de l
Florida street address (P.O. Box	NOT acceptable)
Palm Course City	FL 32137 Zip
Having been named as registered agent and to acc liability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete perfo accept the obligations of my position as registe	I further agree to comply with the provisions of the further agree to comply with the provisions of the further agree to comply with the provisions of the further agree to comply with the provisions of the further agree to comply with the provisions of the further agree to comply with the provisions of the further agree to comply with the provisions of the further agree to comply with the provisions of the further agree to comply with the provisions of the further agree to comply with the provisions of the further agree to comply with the provisions of the further agree to comply with the provisions of the further agree to comply with the provisions of the further agree to comply with the provisions of the further agree to comply with the provisions of the further agree to th
accept the obligations of my position	2024 OC
Registered Agent's Signatu  (CONTINUE	

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

Company:	1 A library
	Name and Address:
Title: "AMBR" = Authorized Member "MGR" = Manager AMBR, MAR	Heather Bornaline Alvaret Reprehens 2 criston (+ Palm (oast, FL 3213)
(Use attachment if necessary)	2024 OCT
ARTICLE V: Other provisions, if any.	ST. I
	501 7
REQUIRED SIGNATURE:	7: 43 FLORIDA
<u>KEVE</u>	
This document is executed in a camp false information submitted in a camp false information 817, 155 F.S.	or an authorized representative of a member ance with section 605.0203 (1) (b), Florida Statutes. I am aware that document to the Department of State constitutes a third degree felony
Henther (	Typed or printed name of signee  Filing Fees  Place of Organization and Designation of Registered Agents (Optional)

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)