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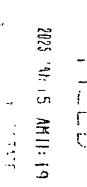
(Requestor's Name)
(Áddress)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basilless Ellal, Name,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





300442598823

01/15/25--01927--022 **150.00



AA

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.

(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partner	rship, 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)
12/03/2009 on .	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the atta	ached Articles of Organization:
Blessed King's Barber Shop, 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 m	ore 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 requirem	sonts, this data will not be listed as the
document's effective date on the Department of State's records.	ients, this date will not be listed as the
5. The plan of conversion has been approved in accordance with all applicable	le statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members has which such members are entitled under ss. 605.1006 and 605.1061-605.1072,	

Signed this 10th day of January	20_25		
Signature of Authorized Representative of Lir	nited Liability Company:		
Signature of Authorized Representative:	Title: President		
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]		
Signature: W. Lux Printed Name: Mike Toussaint	Tisla. P		
Signatura No. Ab. O.	THIC:		
Signature:	Title: VP		
Signature:Printed Name:	Title		
Signature:Printed Name:	Title:		
Signature:Printed Name:	Title:		
Signature: Printed Name:			
Printed Name:	Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, o If Directors or Officers have not been selected, an I			
If Florida General Partnership or Limited Liabi			
Signature of one General Partner.			
If Florida Limited Partnership or Limited Liabi Signatures of ALL General Partners.	lity Limited Partnership:	, E	75
All others: Signature of an authorized person.)9f. :
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)	#: 11: 2 0	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name			
ine name of the Lin	nited Liability Company is:		
Blessed King's Barbe			
(Must	contain the words "Limited Liability	Company, "L.IC.," or "LLC.")	
ARTICLE II - Add	ress:		
		ncipal office of the Limited Liab	oility Company is:
		•	, _F ,
Principal Office Ad	ldress:	Mailing Address:	
2695 North Military Tr	ail. Suite 6	103 Bella Vita Dr	
West Palm Beach, Fl		Royal Palm Beach, Fl 33411	
ARTICLE III - Reg The Limited Liability Com business entity with an act	ipany cannot serve as its own Register	Office, & Registered Agent's Stred Agent. You must designate an individu	Signature: al or another
The name and the Flo	orida street address of the re	gistered agent are:	
•	Mike Toussaint		
_	Name		
-	2695 North Military Trail, Suite		
	Florida street address (P.O.	Box NOT acceptable)	
٧	West Palm Beach	FL ³³⁴⁰⁹	
_	City	Zip	
Having been name	ed as registered agent and to a	accept service of process for the	above stated limited
registered agent an	iy ai ine piace aesignaiea in i id agree to act in this capacit	his certificate. I hereby accept th y. I further agree to comply with	e appoiniment as the provisions of all
statutes relating t	o the proper and complete pe	erformance of my duties, and I an	rite provisions of air refamiliar with and
accept the oblig	gations of my position as regi.	stered agent as provided for in C	hapter 605, F.S.,
	1 /		
	Shill link		
	Registered Agent's Signa	ture (REOLURED)	ំ ហ :
	regionered regent a digna	raic (KDQOKCD)	Em .
	(CONTINU	ED)	Y 1

ARTICLE IV-

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

"AMBR" = Authorized Member		
"MGR" = Manager	NO TO STATE OF THE	
Р	Mike Toussaint	
	103 Bella Vita Dr	
	Royal Palm Beach, 33411	
	,	
	· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)		
(Obe attachment it necessary)		
LE V: Other provisions, if any.		
REQUIRED SIGNATURE:		
REQUIRED SIGNATURE:		
W// wit		
Signature of a member or a	n authorized representative of a member	
This document is executed in accordance v	with section 605.0203 (1) (b), Florida Statutes. I am awa nent to the Department of State constitutes a third degree	
as provided for in s.817.155, F.S.	ion to the trepartment of orace constitutes a unit degree	
Mus - co		
Tune (OUSSAIRI)	ped or printed name of signee	
I VI	ICU OF DETINCU RAITIC OF SIRICC	

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