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(Requestor's Name)
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(City/State/Zip/Phone #)
(any, according to the my
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer.

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COVER LETTER

TO: New Fi Divisio		rction orporations					
SUBJECT: Su	eJoy E	outique LLC					
SOBJECT: _		(Name of Resi	ulting Florida Lim	ted Com	pany)	_	
The enclosed A Business Entity	Articles y" into	s of Conversion, Articl a "Florida Limited Lia	es of Organizat ability Compan	ion, and y``in ac	I fees are submitted to coordance with s. 605.1	convert an "Othe 045, F.S.	r
Please return a	ll corre	espondence concerning	g this matter to:				
Sumeirra Gosse	ett						
		(Contact Person)		_			
		(Firm/Company)		_			
3665 fountain m	ist dr u	init 201		_			
		(Address)					
Tampa, FL 336	141						
shopsuejoy@gr		City, State and Zip Code)		_			
E-mail Addre	ss: (to b	be used for future annual re	port notifications)	_			
For further inf	ormati	on concerning this ma	tter, please call:				
Sumeirra Gosse	ett		_at (<u>323</u>	9632	315		
(Name	of Cont	act Person)	(Area Cod	e) (Day	time Telephone Number)	_	
Enclosed is a dollars and dra	check awn or	for the following amou a a bank located in the	int: (All checks United States)	proces:	sed by this office must \$\$185.00 Filing Fees.	be payable B US	n
S150,00 Filin (\$25 for Convers & \$125 for Artic of Organization)	ion les	☐\$155.00 Filing Fees and Certificate of Status	□\$180,00 Filir and Certified Co		S\$185,00 Filing Fees, Certified Copy, and Certificate of Status	AHASSEE, FL	m O
Divisi P.O. E	iling S on of C lox 63.	Section Corporations		New Divis The 0 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suit hassee, FL 32303	' '	

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.

SueJoy Boutique LLC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(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-LLS, entiry, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
9/23/2020 on .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
SueJoy Boutique 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.

	e of Limited Liability Company:
Signature of Authorized Representative: Printed Name: SUMEIRRA GOSSETT	Title: CEO/
Signature(s) on behalf of Other Business	SEntity: See below for required signature(s)
Signature: A	
Printed Name: SUMEIRRA GOSSETT	Title: CEO
Signature:	
Printed Name:	Title:
Signature:	Title:
Printed Name:	Title:
Signature:	Title:
Printed Name:	Intle:
Signature:	Title:
Printed Name:	Title:
Signature:	Title:
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Di	irector, or Officer.

If Florida Limited Partnership or Limited Liability Limited Partnership:

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Signatures of ALL General Partners.

Signature of an authorized person.

Certified Copy:

Certificate of Status:

Articles of Conversion:

Fees for Florida Articles of Organization:

All others:

Fees:

, , TIL THE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N	iame:			
The name of the	Limited Liability Compan	y is:		
SueJoy Boutique				
(Must contain the words "Limited L	iability Company, "L.L.C"	or "ELC.")	
ARTICLE II The mailing add	Address: ress and street address of the	ne principal office of	the Limited Liab	nility Company is:
Principal Office	e Address:	Mailing Addr	ess:	
3665 Fountain Mi	st Dr	3665 Fountain N	Mist Dr	
Unit 201 Tampa. FL		Unit 201 Tampa, FL		
33614		33614		
	an active Florida registration.) he Florida street address of SUMEIRRA GOSSETT	the registered agent a	re:	
		Vame		
	3665 Fountain Mist Dr. 2	01		
	Florida street address		ptable)	
	Tampa	FL 33614		
	City	Zi	า	
liability co registered ago statutes relo		ted in this certificate, capacity. I further agr plete performance of n	I hereby accept the ee to comply with my duties, and I am provided for in C	he appointment as h the provisions of al m familiar with and

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Sumeirra Gossett
CEO	3665 fountain mist dr unit 201
	Tampa, FL 333614
MGR	Sumeirra Gossett
	3665 fountain mist dr unit 201
	Tampa, FL 33614
(Use attachment if necessary)	
(Ose attachment if necessary)	
TCLE V: Other provisions, if any.	
<u> </u>	
<u> </u>	- N
DEALIDED CICSATIDE.	Λ
<u>required</u> signature:	
,	// .
	\(\)

Typed or printed name of signee

Filing Fees

Filing Fees

State of Organization and Designation of Registered Agent

SUMEIRRA GOSSETT