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(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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APR - 2 2014

T. BROWN

TO: Registration Section Division of Corporation					
SUBJECT: A WOMAN	I'S CHOICE, LLC				
		of Resulting Florida	Limited	d Company)	•
The enclosed Articles of Business Entity" into a "					
Please return all correspondence	ondence concerning	this matter to:			
MILTA TURBIDES					
((Contact Person)				
A WOMAN'S CHOICE	, LLC.				
(F	Firm/Company)				
18400 N.W. 75TH PL.	STE 118				
	(Address)				
MIAMI, FL 33015					
(City,	State and Zip Code)				
AWOMANSCHOICE1	86@GMAIL.COM	1			
E-mail Address: (to be use	ed for future annual rep	ort notifications)			
For further information c	oncerning this mat	ter, please call:			
MILTA TURBIDES		_at (305	558-	4440	
(Name of Contact Pe	erson)	(Area Code)	(Dayı	time Telephone Number)	•
Enclosed is a check for the	he following amour	nt:			
(\$25 for Conversion and	\$155.00 Filing Fees d Certificate of atus	□\$180.00 Filing B and Certified Copy		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS:		MAILI	NG A	DDRESS:	
Registration Section		Registra			
Division of Corporations	1			orporations	
Clifton Building	'ircle	P. O. Bo Tallahas		1/ SI 30314	

INHS11 (02/14)

Tallahassee, FL 32301

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.

A WOMAN'S CHOICE, INC. (Enter	Name of Other Business Entity)
2. The "Other Business Entity" is a	CORPORATION
(E	Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporate	ed under the laws of FLORIDA
05/22/1995	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incor	poration)
3. The name of the Florida Limited I	iability Company as set forth in the attached Articles of Organization:
A WOMAN'S CHOICE, LLC.	
(Enter Name of	Florida Limited Liability Company)
(The effective date: 1) cannot be produced this document is filed by the F	g, enter the effective date: rior to date of receipt or filed date nor more than 90 days after the lorida Department of State; <u>AND</u> 2) must be the same as the effective of Organization, if an effective date is listed therein.)
5 The plan of conversion has been ar	proved in accordance with ss. 605.1041-605.1046.

Page 1 of 2

Signed this 2013 day of March	20_14
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: MILTA TURBIDES	Title: PS
Signature(s) on behalf of Other Business Entity:	
Signature: MILTA TURBIDES Printed Name: MILTA TURBIDES	Title: PS
Signature:Printed Name:	Title
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	tv Partnership:
If Florida Limited Partnership or Limited Liabili 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 Company	y is:
A WOMAN'S CHOICE, LLC.	
(Must end with the words "Limited I	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
18400 N.W. 75TH PL. STE 118 MIAMI, FL 33015	18400 N.W. 75TH PL. STE 118 MIAMI, FL 33015
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of t	he registered agent are:
MILTA TURBIDES N	ame
18794 N.W. 80TH AV Florida street address (P.O. Box <u>NOT</u> acceptable)
MIAMI City	FL <u>33015</u> Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MOR MOR	MILTA TURBIDES
	18794 N.W. 80TH AVE
	MIAMI, FL 33015
(Use attachment if necessary)	
n effective date is listed, the date must l	date of filing: (OPTIONAl be specific and cannot be more than five business d
n effective date is listed, the date must be a second or some state of filing.)	date of filing: (OPTIONAl be specific and cannot be more than five business d
an effective date is listed, the date must lar 90 days after the date of filing.)	date of filing: (OPTIONAl be specific and cannot be more than five business d
n effective date is listed, the date must by the safter the date of filing.)	date of filing: (OPTIONAl be specific and cannot be more than five business d
an effective date is listed, the date must lor 90 days after the date of filing.) TICLE VI: Other provisions, if any.	date of filing: (OPTIONAl be specific and cannot be more than five business d
r 90 days after the date of filing.) FICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business d
r 90 days after the date of filing.) TICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business d
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (1 constitutes an affirmation under the pena	r or an authorized representative of a member.) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true. bmitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (1 constitutes an affirmation under the penal I am aware that any false information sul constitutes a third degree felony as provi	r or an authorized representative of a member.) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true, bmitted in a document to the Department of State ided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (1 constitutes an affirmation under the penal I am aware that any false information sul constitutes a third degree felony as provi	r or an authorized representative of a member.) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true. bmitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (1 constitutes an affirmation under the penal am aware that any false information sul constitutes a third degree felony as provi	r or an authorized representative of a member. (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true. bmitted in a document to the Department of State ided for in s.817.155, F.S.) bed or printed name of signee
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (1 constitutes an affirmation under the penal I am aware that any false information sul constitutes a third degree felony as provi MILTA TURBIDES Typ Filing Fees: \$125.00 Filing Fee for Articles of	r or an authorized representative of a member. (b), Florida Statutes, the execution of this document littles of perjury that the facts stated herein are true. bmitted in a document to the Department of State ided for in s.817.155, F.S.) bed or printed name of signee
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (1 constitutes an affirmation under the penal I am aware that any false information sul constitutes a third degree felony as provi	r or an authorized representative of a member.) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true, bmitted in a document to the Department of State ided for in s.817.155, F.S.) Deed or printed name of signee f Organization and Designation

Page 2 of 2

ARTICLE IV-