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(Requestor's Name)		
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

M. THOMAS

AUG 1 3 2008

EXAMINER

COVER LETTER

STORET ADDRESS. MAILING ADDRESS.				
Enclosed is a check for the following amount: \$\sum_{\text{\$150.00 Filing Fees}} \text{\$\sum_{\text{\$155.00 Filing Fees}} \text{\$\sum_{\text{\$185.00 Filing Fees}} \text{\$\sum_{\text{\$Certified Copy}} \text{\$\sum_{\text{\$Nature Telephone Number)}} \$\sum_{\text{\$\sum_{\cutext{\$\sum_{\text{\$\sum_{\cutext{\$\sum_{\text{\$\sum_{\text{\$\sum_{\cutext{\$\sum_{\cutext{\$\sum_{\cutext{\$\sum_{\cutext{\$\sum_{\text{\$\sum_{\cutext{\$\sin_{\cutext{\$\sum_{\cutext{\$\sum_{\cutext{\$\sum_{\cutext{\$\sum_{\				
(Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a check for the following amount:				
IVAN MORALES at (305) 9310696 Em &				
For further information concerning this matter, please call:				
(City, State and Zip Code)				
AVENTURA, IT-33160				
18151 N.E. 31 Stet. #2012 (Address)				
TONIC BEAUTY SYSTEM, LLC. (Firm/Company)				
(Contact Person)				
IVAN MORATES				
Please return all correspondence concerning this matter to:				
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.				
(Name of Resulting Florida Limited Company)				
SUBJECT: IONIC BEAUTY SYSTEM, LLC. (Name of Resulting Florida Limited Company)				
Division of Corporations				
TO: Registration Section				

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 25, 2008

IVAN MORALES 18151 N.E. 31ST CT #2012 AVENTURA, FL 33160

SUBJECT: IONIC BEAUTY SYSTEM LLC

Ref. Number: W08000035166

We have received your document for IONIC BEAUTY SYSTEM LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 108A000431925

Division of Cornerations - P.O. ROY 6327 Tallahasson, Florida 3231

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate 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.608.439, Florida Statutes. 107062 1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: BEAUTY SYSTEM, INC. (Enter Name of Other Business Entity) 2. The "Other Business Entity" is a CORPORIATION (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.) first organized, formed or incorporated under the laws of FLO-RIDA (Enter state, or if a non-U.S. entity, the name of the country) on DECEMBER 2006. (Enter date "Other Business Entity" was first organized, formed or incorporated) 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated: 4. The name of the Florida Limited Liability Company as set forth in the attached **Articles of Organization:** (Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: <u>July 24, 250</u> & (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Page 1 of 2

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Signed this 21 day of Jucy	20 <u>08</u> ,
Signature of Member or Authorized Representa	ative of Limited Liability Company:
Signature of Member or Authorized Representative Printed Name: FVNN MORALES	e: JULYUNA Title: PHESTOWN
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	Title:
Signatura	
Signature:Printed Name:	Title:
	-
Signature: Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
Signature of the General Fattier.	
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:	
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

IONIC BEAUTY SYSTEM	"LLC".
(Must end with the words "Limited Liability Company," the ab "LLC.")	obreviation "L.L.C.," or the designation
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited
Liability Company is:	incipal office of the Emilion
Principal Office Address:	Mailing Address:
18151 N&31stet. #2012	18151 NF318tet.

ARTICLE III - Registered Agent, Registere	d Office, & Registered Agent's ≧⊈	8
	AVENTURA, FT. 33160)
AVENTURA, FL. 33160	#2012	

Signature:

The Limited Liability Company cannot serve as its own Registered Agent. You must designate an

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

business entity with an active Florida registration.)

ARTICLE I - Name:

The name of the Limited Liability Company is:

The name and the Florida street address of the registered agent are:

Name, Name, 18/5/NE 3/14ct. #20/2
Florida street address (P.O. Box NOT acceptable)

AVENTURA, FL 33/60

City, State, and 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 608, 1.5

gistered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) of Mahaging Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
PRESIDENT	IVAN MORALES 18151 NE 31STO+. HZO12 AVENTARA, FL. 33160	
	SECRE JUL	
RTICLE V: Effective date, if other than the	(Use attachment if necessary) $\begin{array}{c} & & & & \\ $	
REQUIRED SIGNATURE:	mel	

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MODALES

Typed or printed name of signee

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)

Page 2 of 2