L10000095955

(Requestor's Name)
, , , ,
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filling Officer: W/- 4/3

A. LUNT

SEP 1 4 2010

EXAMINER

Office Use Only



700184008157

700184008157 08/30/10--01043--022 **155.00





September 1, 2010

IVAN RINCON 175 SW 7TH STREET #2103 MIAMI, FL 33130

SUBJECT: RINCON JIMENEZ ENTERPRISES LLC, DBA THE ORCHID

BOUTIQUE

Ref. Number: W10000041377

We have received your document for RINCON JIMENEZ ENTERPRISES LLC, DBA THE ORCHID BOUTIQUE and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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 call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 310A00020994

COVER LETTER

TO: Registration Section Division of Corporations

Tallahassee, FL 32301

SUBJECT: RINCON JIMENEZ ENTERPRISES LLC, DBA THE ORCHID BOUTIQUE

(Name of Resulting Florida Limited Company)

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.

Please return all correspondence concerning this matter to:

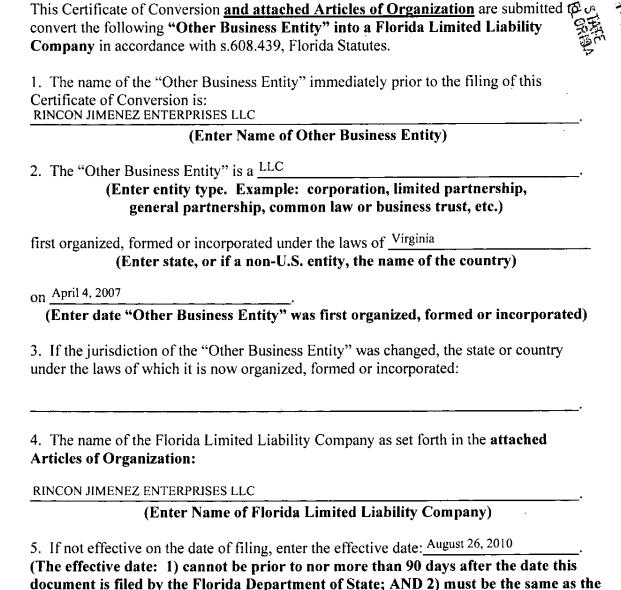
Ivan Rincon			5	91
	(Contact Person)		ŗ	
The Orchid Boutique			,	> 70 - [1]
	(Firm/Company)			
175 SW 7th Street #210	3		6) 	
	(Address)			, (3 , (3
Miami, FL 33130	•		**************************************	点
	City, State and Zip Code)			•
irincon@theorchidboutio	que.com			
	be used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Ivan Rincon		at (⁷⁰³	6095512	
(Name of Cont	act Person)		and Daytime Telephone Numb	er)
Enclosed is a check	for the following amou	nnt:		
□ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	2\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Copy		;,
STREET ADDRESS:			NG ADDRESS:	
Registration Section		Registration Section Division of Corporations		
Division of Corporat Clifton Building	lions		ox 6327	
2661 Executive Cen	ter Circle		ssee, FL 32314	

Certificate of Conversion For

"Other Business Entity"

Into

Florida Limited Liability Company



effective date listed in the attached Articles of Organization, if an effective date is

listed therein.)

·Signed this 8 day of September	20_10
Signature of Member or Authorized Represent	
Signature of Member or Authorized Representativ Printed Name: Ivan Rincon	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]
Signature:	Title: officer CGO
Signature:	Title: officer CEO
Printed Name: Ivan Rincon	Title: officer CtO
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Title:
	<u>~</u> <u>~</u>
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer.
If Florida General Partnership or Limited Liabili 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:	
Certificate 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

ARTICLE I - Name:

	Z ENTERPRISES L	LC Company," the abbreviation "L.L.C.," or the designation		
ARTICLE II - A The mailing addi Liability Compan	ess and street add	ress of the principal office of the Limited		
Principal Office	Address:	Mailing Address:		
175 SW 7th Street, S	Suite 2103	175 SW 7th Street, Suite 2103		
Miami, FL 33130		Miami, FL 33130		
individual or another business entity with a	n active Florida registra	dress of the registered agent are:		
	Name 31 SE 5th Street #2802			
	Florida street address (P.O. Box NOT acceptable)			
	Miami	FL 33130		
		City, State, and Zip		
above stated lin hereby acce	nited liability comp ot the appointment	agent and to accept service of process for the eany at the place designated in this certificate, I as registered agent and agree to act in this ly with the provisions of all statutes relating to		

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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, F.S.

ARTICLE IV- Manager(s) or Managing Member(s):

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

"MGR" = Manager "MGRM" = Managing Member MGRM Van Rincon Van Rin	MGRM MGRM	Name and Address:	
MGRM Ivan Rincon 31 SE 5th Street, Suite 2802 Miami, FL 33130 Miami, FL 331	MGRM MGRM MGRM LE V: Effective date, if other than the date ective date: 1) cannot be prior to nor not is filed by the Florida Department of ective date listed in the attached Cert isted therein.) REQUIRED SIGNATURE: Signature of a member or an author (In accordance with section 608.408 of this document constitutes an affirm that the facts stated Ivan Rincon		
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	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)