

(Red	questor's Name)	
(Add	dress)	
· (Add	dress)	
(City	y/State/Zip/Phone	⇒ #)
PICK-UP		MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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G. MCLEOD Only

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EXAMINER



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SECRETARY OF STATE

WO-51728

COVER LETTER

2661 Executive Center Circle

Tallahassee, FL 32301

TO: Registration Section Division of Corporations
SUBJECT: Virgin mone 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:
Danelle Miler (Contact Person) Vivain mane Outroue
(Firm/Company) 12345 Ne GHAR #B (Address)
(City, State and Zip Code) City, State and Zip Code) Com E-mail address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certificate of Status \$180.00 Filing Fees Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

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.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certification 1.	cate of	
Conversion is: (Enter Name of Other Business Entity)		
•		
2. The "Other Business Entity" is a	SECRETA TALLAHAS	TO NOV THE
first organized, formed or incorporated under the laws of Flovida (Enter state, or if a non-U.S. entity, the name of the country)		ת"ו ב
on Hugust 24, 2010. (Enter date "Other Business Entity" was first organized, formed or incorp.	20.22	-
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country und which it is now organized, formed or incorporated:		ws of
4. The name of the Florida Limited Liability Company as set forth in the attached Artic Organization:	les of	
VICAIO MARE DOUTIQUE (Enter Name of Florida Limited Liability Company)		-
5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after/the date this of filed by the Florida Department of State; AND 2) must be the same as the effective datached Articles of Organization, if an effective date is listed therein.)		
6. The conversion is permitted by the applicable law(s) governing the other business entire conversion complies with such law(s) and the requirements of s.608.439, F.S., in effection		
7. The "Other Business Entity" currently exists on the official records of the jurisdiction	under wł	nich it is

currently organized, formed or incorporated.

April 4 - 2 4 - 1		
Signed this 29 th day of October	20_10	
Signature of Member or Authorized Ren	resentative of Limited Liability Company:	
Individual signing affirms that the facts sta	sted in this document are true. Any false information	
constitutes a third degree felony as provide		
Signature of Member or Authorized Repressive Printed Name:	entative:	
Printed Name: DMEIL WITHER	Title: <u>President</u>	
	·	
	ntity: Individual(s) signing affirm(s) that the facts stated in	
	ion constitutes a third degree felony as provided for in	
s.817.155, F.S. [See below for required sign	ature(s).	
Signature:		
Printed Name: Danelle Miller	Title: Presule :	
Timed Name. Conserve Papping	Title: Tresidence	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:	Title:	
Printed Name:	Title:	
Q't		
Printed Name:	Title	
Frinted Name:	Title:	
Signature		
Printed Name:	Title:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Direc	etor, or Officer.	
If Directors or Officers have not been selected	l, an Incorporator must sign.	
If Florida General Partnership or Limited	Liability Partnership:	
Signature of one General Partner.		
If Florida I imited Doutnowskin on I imited	Linkilian Limited Dentmentin.	
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liabinty Limited Partnership:	
Signatures of ALL General Farmers.		
All others:		
Signature of an authorized person.		
6		
Fees:		
	·	
Certificate of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	

\$5.00 (Optional) Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTIC	CLE I -	Name:
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The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
Virgin mane - 12345 Ne 6th Ave # 25 North Ma, Fl. 33161	17345 Ne 6th Ave B
12345 Ne 6th Ave # 135	North Na, Fl 33161
North Mia, Fl. 33161	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (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.)

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

tanelle Miller Name

Florida street address (P.O. Box NOT acceptable)

Hallantalebah FL 33009
City State and Zin

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows:		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Eliezer Navarsky 1200 5. Hillcrest, Apt 109, 1401141000+, Fr 33021	
,		
(Use attachment if necessary)		
ARTICLE V: Effective date, if other	than the date of filing: (OPTIONAL)	
(The effective date: 1) cannot be price	or to nor more than 90 days after the date this document is filed by ND 2) must be the same as the effective date listed in the attached	
REQUIRED SIGNATURE:		
Signature of a member or	an authorized representative of a member.	
the penalties of perjury that the facts s), Florida Statutes, the execution of this document constitutes an affirmation under tated herein are true. I am aware that any false information submitted in a constitutes a third degree felony as provided for in s.817.155, F.S.)	
Danelle M	Mer	
Тур	ed or printed name of signee	

Page 2 of 2

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