L1100001546

(Req	questor's Name)	
(Add	Iress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
· (Bus	iness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F		
	,	

Office Use Only



900192986619

02/04/11--01025--005 **150.00

"I FEB - L MID LA SEURE IARY OF STATE

D. BRUCE

FEB 07 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Flamingo Spa & Sal	
(Name	of Resulting Florida Limited Company)
	, Articles of Organization, and fees are submitted to convert an Limited Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence conce	rning this matter to:
Melissa Angel	
(Contact Person)	
Panico Spa	
(Firm/Company)	
407 Lincoln Rd Ste 9a	
(Address)	
Miami Beach, Fl 33139	
(City, State and Zip Co	de)
meloangel567@aol.com	ASS B
E-mail address: (to be used for future annual re	port notifications)
For further information concerning this	matter, please call:
Melissa Angel	at (305) 534-9292 Ext 101
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following a	mount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy \$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS;
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314

Tallahassee, FL 32301

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate 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.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
FLAMINGO SPA AND SALON BY PANICO INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation PHDD0004302
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
on <u>01/19/2011</u>
(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:
Flamingo Spa & Salon by Panico LLC
(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 document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.
7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

Signed this 01	day of <u>31</u>	20 <u>_11</u>	<u>.</u>		
Signature of Member Individual signing affit constitutes a third degr	rms that the facts sta	ted in this docun	ient are true. Any		n
Signature of Member o Printed Name: Sandra P					
Signature(s) on behalf this document are true s.817.155, F.S. [See bel	. Any false informati	on constitutes a			
Signature: Printed Name: Sandra Par	iso	Title: p	esident		
Signature: Printed Name:		Title:		·	
Signature:Printed Name:		Title:		TACLO	77
Signature:Printed Name:		Title:		RETARY	
Signature: Printed Name:		Title:		3 55	
Signature:Printed Name:		Title:			6
If Florida Corporation Signature of Chairman, If Directors or Officers I	Vice Chairman, Direc		must sign.		
If Florida General Par Signature of one General		Liability Partner	ship:		
If Florida Limited Par Signatures of ALL General		Liability Limited	Partnership:		
All others: Signature of an authoriz	ed person.				
Fees:					
Certificate of Conversion Fees for Florida Articles Certified Copy: Certificate of Status:		\$25.00 \$125.00 \$30.00 (Optional \$5.00 (Optional Page 2 of 2	•		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Flamingo Spa & Salon by Panico LLC

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

ARTICLE II - Address:

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

Principal Office Address:	<u>Mailing Address:</u>
1500 Bay Road Suite 1	1500 Bay Road Suite 1
Miami Beach, Fl 33139	Miami Beach, Fl 33139

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:

Sandra Panico

Name

1500 Bay Road Ste 1

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

Miami Beach

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	r
MGR	Sandra Panico
	1500 Bay Road Ste 1
	Miami Beach, Fl 33139
NODM	
MGRM	Jack Panico
	1500 Bay Road Ste 1
	Miami Beach, Fl 33139

(Use attachment if necessary)	
(Use attachment if necessary)	
•	nan the date of filing: . (OPTIONAL)
CLE V: Effective date, if other th	nan the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days p
CLE V: Effective date, if other the effective date is listed, the date in	nan the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days pr
CLE V: Effective date, if other the effective date is listed, the date in	nan the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days pr
CLE V: Effective date, if other the effective date is listed, the date in 0 days after the date of filing.)	nan the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days pr
CLE V: Effective date, if other the	nan the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days pr
CLE V: Effective date, if other the offective date is listed, the date in days after the date of filing.)	nan the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days pr
CLE V: Effective date, if other the effective date is listed, the date in 0 days after the date of filing.)	nan the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days pr
CLE V: Effective date, if other the effective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE:	nust be specific and cannot be more than five business days pr
CLE V: Effective date, if other the effective date is listed, the date in 0 days after the date of filing.) REQUIRED SIGNATURE:	nan the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days pr member or an authorized representative of a member.
CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a secondance with sections.	member of an authorized representative of a member.
CLE V: Effective date, if other the effective date is listed, the date in 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a constitutes an affirmation	member of an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this documents on under the penalties of perjury that the facts stated herein are true.
CLE V: Effective date, if other the effective date is listed, the date is 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a constitutes an affirmation I am aware that any fals	member of an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document; on under the penalties of perjury that the facts stated herein are triple, the information submitted in a document to the Department of State
CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a secondance with sect constitutes an affirmation I am aware that any fals constitutes a third degre	member of an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. The information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.)
CLE V: Effective date, if other the effective date is listed, the date is 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a constitutes an affirmation I am aware that any fals	member of an authorized representative of a member. cion 608.408(3), Florida Statutes, the execution of this document; con under the penalties of perjury that the facts stated herein are true, the information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.)
CLE V: Effective date, if other the effective date is listed, the date is 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a secondaric with sect constitutes an affirmation I am aware that any fals constitutes a third degree	member of an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true in information submitted in a document to the Department of State in fellony as provided for in s.817.155, F.S.)
CLE V: Effective date, if other the effective date is listed, the date is 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a secondaric with sect constitutes an affirmation I am aware that any fals constitutes a third degree	member of an authorized representative of a member. cion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)