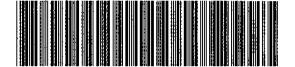
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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 12, 2013

JESSICA SUAREZ 15730 SW 152 AVE MIAMI, FL 33187

SUBJECT: THE FAB SPOT, LLC Ref. Number: W13000062459

We have received your document for THE FAB SPOT, 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):

Florida law does not allow a sole proprietorship to file a conversion. A sole proprietorship is a business owned and operated by one individual. As a sole proprietor, the one individual owner is responsible for making all of the business decisions and all of the debts of the business are considered to be the debts of the one individual owner, as well. The sole proprietorship may or may not conduct business under the one individual owner s legal name. Because the business and the individual are considered as one organization and need each other to co-exist from a legal perspective, a sole proprietorship is not considered a business entity and cannot, therefore, file a conversion under Florida law.

If your sole proprietorship is actually owned and operated by two or more individuals and those individuals serve in the capacity of a partner, your business may not be a sole proprietorship. Your business may meet the definition of a partnership in accordance with Chapter 620, Florida Statutes. Chapter 620, Florida Statutes, allows a partnership to file a conversion. However, the partnership must first file a statement of registration in accordance with section 620.8105, Florida Statutes.

We are enclosing a statement of registration should your business entity meet the criteria of a partnership and you wish to proceed with the conversion. Please note the fee to register a partnership is \$50. To proceed with the conversion, please correct your conversion documents to reflect your current business entity is a partnership and resubmit the conversion documents along with the enclosed registration statement and an additional fee of \$50.

This office strongly suggests that you seek legal advice concerning this matter.

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) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 613A00026126

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: The FAB Spot, LLC		
Name of Limited Liability Company		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Jessica Svanez Name of Person		
The FAB Spot, LLC Firm/Company		
15730 8W (5) Ave	:	<u>~3</u>
Miam, Fl 33187	173	9- KYF 118
Miam, FL 33187 City/State and Zip Code Nowto Fab @ Yahov. COM E-mail address: (to be used for future annual report notification)		⊒ ;
For further information concerning this matter, please call:		L: 3@
Tessica Svanez Name of Person at (786\$) 414-4788 Area Code Daytime Telephone Number		
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status Certificate Copy (additional copy is enclosed) Certificate Copy (additional copy is enclosed)	of Status & opy	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limit	ed Liability Company is: L FAB Spot	W.	
(ed Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Addre The mailing address an		office of the Limited Liability Con	npany is:
Principal Office Add	ress: Mai	iling Address:	
W2 08 FZI	152 Ave	same	
Miami, Ft	33187		
(The Limited Liability		e, & Registered Agent's Signature on Registered Agent. You must desi ion.)	
The name and the Flor	ida street address of the registere	ed agent are:	20
	_	_	2014 JAN
	Jessica S	ne	
			5
	Florida street address (P.O. B		= :
	Mami	FL 33187 Zip	
	City	Zip	ယ ကြိုင် စာ
the place designate capacity. I further a	ed in this certificate, I hereby according to the provision am familiar with and accept the configuration are familiar with an accept the configuration are familiar with a famili	service of process for the above state ept the appointment as registered ag as of all statutes relating to the properbligations of my position as register apter 605, F.S.	ent and agree to act in this er and complete performance

Page 1 of 2

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager MGR Jessica	
	vanez
15730 SW - Mranú	vanez 152 Ave FL 33187
	1/
(Use attachment if necessary)	
LE V: Effective date, if other than the date of filing:	
of filing.)	c business days prior to or so da
LE VI: Other provisions, if any.	7.72a 3.44 3.44
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	<u> </u>
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REQUIRED SIGNATURE:	<u></u> ••
REQUIRED SIGNATURE:	्री । इ
Signature of a member of an authorized represent	ative of a member.
$\mathcal{M}_{\mathcal{M}_{\mathcal{O}}}$	ative of a member. the execution of this document c facts stated herein are true. to the Department of State

\$125.00 Filing Fee for Articles of Organ \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)