L14000153070

	114	1-57079
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
· (Bı	usiness Entity Na	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: LE BEAUTIQUE	UC.	
(Name of	Resulting Florida Limited	Company)
The enclosed Articles of Conversion, Article Business Entity" into a "Florida Limited Liab		
Please return all correspondence concerning	this matter to:	
CEUE CONTACT PERSON)	-	
JE BEANIQUE UC (Firm/Company)	······································	
15433 SW 3155 LAVE (Address)		
HIAM FL 3318S (City/State and Zip Code)	······································	
E-mail Address: (to be used for future annual repo	ort notifications)	
For further information concerning this matter	er, please call:	
(Name of Contact Person)		3-8569 ime Telephone Number)
Enclosed is a check for the following amoun	t:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$355.00 Filing Fees and Certificate of Status ARTAM PAID	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING A Registration S Division of Co P. O. Box 632 Tallahassee, F	ection orporations 7

NOTE: 764: W14000049209

INHS11 (02/14)

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles 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.605.1045, Florida Statutes.

Statutes.				
1. The name of the "Other Business Entity" immediately prior to the filing of the Article	es of C	onve	rsion is:	
(Enter Name of Other Business Entity)	•			
2. The "Other Business Entity" is a CORPOLATION	٠			
(Enter entity type. Example: corporation, limited partnership general partnership, common law or business trust, etc.)	,			
First organized, formed or incorporated under the laws of	name o	f the co	ountry)	
on June 18 Join (Canter state, or if a non-o.s. entry, the (date of organization, formation or incorporation)	· mine O		zanity)	
3. The name of the Florida Limited Liability Company as set forth in the attached Arti	icles of	Orga	ınizatio	n:
(Enter Name of Florida Limited Liability Company)	•			
4. If not effective on the date of filing, enter the effective date:				
(The effective date: 1) cannot be prior to date of receipt or filed date nor more that date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the date listed in the attached Articles of Organization, if an effective date is listed there	e same	iys af as th	iter the e effect	ive
5. The plan of conversion has been approved in accordance with all applicable statutes.	STALL SEE	14		
Page 1 of 2	ATTANY ATTANY	SEP 25	DARLES AND STREET	· ti
	OF S	4H11:4		3 2
	ZZ ZZ		Chinable P.	-

Signed this OCTH day of SOTEURO	<u> 2014 .</u>	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Printed Name: CEUSE ARBUNEU	elatorely.	_
Signature(s) on behalf of Other Business Entity: [Signature:	See below for required signature(s).]	
Printed Name: QC YEV TARROLL	Title: MESIDE CI	- -
Signature:		***
Printed Name:	Title:	-
Signature:Printed Name:	Title:	<u>.</u> -
Signature: Printed Name:	Title:	<u>-</u>
Signature:Printed Name:		_
		-
Signature:Printed Name:	_ Title:	- -
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		
<u>If Florida General Partnership or Limited Liabilit</u> Signature of one General Partner.	ty Partnership:	
<u>If Florida Limited Partnership or Limited Liabilit</u> Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	14 SEP SECRES FALLAHA
All others: Signature of an authorized person.		SSE 25
Fees:		AMII: 48 OF STATE E.FLORID
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	SIMIE SIMIE LORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(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: Mailing Address:
9533 SW 7220 BIREET 15433 S.W 315 LANE MIANI FL 33173 MIANI FL 33173
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:
CENTO CARRONELL FEE 5
Name Page 1
9533 SW 729 STREET 55 75 75
Florida street address (P.O. Box NOT acceptable)
<u>MiAHi</u> FL 33173
City 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 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
"AMBR"	Luis A. CARDNEU
	ISY33 S.W 31ST LANE
	MIAM: FC 33185
	ı

(Use attachment if necessary)	
ICLE V: Effective date, if other than to effective date is listed, the date must	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days
ICLE V: Effective date, if other than t	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days
ICLE V: Effective date, if other than to effective date is listed, the date must 90 days after the date of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days
ICLE V: Effective date, if other than to effective date is listed, the date must 90 days after the date of filing.)	st be specific and cannot be more than five business days
ICLE V: Effective date, if other than to effective date is listed, the date must 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	st be specific and cannot be more than five business days
ICLE V: Effective date, if other than to effective date is listed, the date must 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb	per or an authorized representative of a member.
ICLE V: Effective date, if other than to effective date is listed, the date must 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0203 constitutes an affirmation under the personner.)	per or an authorized representative of a member. (1) (b), Norida Statutes, the execution of this document enalties of perjury that the facts stated herein are true.
ICLE V: Effective date, if other than to effective date is listed, the date must 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0203 constitutes an affirmation under the per lam aware that any false information states.)	per or an authorized representative of a member. (1) (b), Norida Statutes, the execution of this document to the Department of State.
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ICLE V: Effective date, if other than to effective date is listed, the date must 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0203 constitutes an affirmation under the per lam aware that any false information is constitutes a third degree felony as pro-	ber or an authorized representative of a member. (1) (b), Norida Statutes, the execution of this document enalties of perjury that the facts stated herein are true submitted in a document to the Department of State.

The name and address of each person authorized to manage and control the Limited Liability

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

of Registered Agent

ARTICLE IV-

\$125.00 Filing Fee for Articles of Organization and Designation