L15000059671

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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W15-12558



6 2015

COVER LETTER

Division of Corporations	
SUBJECT: LUXE	Interior Couture LLC e of Resulting Florida Limited Company)
(Name	e of Resulting Florida Limited Company)
	cles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	ng this matter to:
Elika Cresp (Contact Person) Luxe Interior ((Firm/Company)	00 / To
(Firm/Company)	DUTURE INC
50/6 Sw /3/ (Address)	ave
Mir Am Ar FL 32 (City, State and Zip Code)	3027
E-mail Address: (to be used for future annual re	eport notifications)
For further information concerning this ma	atter, please call:
Elika Crespo	at (3/0) 927 - 3268 (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amo	unt:
\$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	Division of Corporations
Clifton Building	P. O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2015

ELIKA CRESPO 5016 SW 131 AVE MIRAMAR, FL 33027

SUBJECT: LUXE INTERIOR COUTURE LLC

Ref. Number: W15000012558

We have received your document for LUXE INTERIOR COUTURE 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

The Certificate of Conversion must be signed by an authorized person.

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.

Tim Burch Regulatory Specialist II

Letter Number: 915A00003601

/ www.sunbiz.org

Division of Corporations - R.O. BOX 6327 - Tallahassee, Florida 32314

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 Articles Luxe Interior Confure Ir	of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a <u>Corpora Hon</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporated under the laws of	
(Fatanata) - 16 11 C 12 C 12 C 12 C 12 C	me of the country)
on $\frac{\partial U \cup S + 1}{\partial U \cup S + 1} = \frac{1}{2} \frac{1} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2$	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Article	es of Organization:
Luxe Interior Couture LLC (Enter Name of Florida Limited Liability Company)	
(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 than 9	
date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the sa date listed in the attached Articles of Organization, if an effective date is listed therein	
5. The plan of conversion has been approved in accordance with all applicable statutes.	
Page 1 of 2	Account of the second
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	mand

marla 3	J	······································
Signed this Echtuaryday of 10	20_/_5	
Signature of Authorized Representative of		
Signature of Authorized Representative Printed Name: Elika Crespo	Cally Oxyto - Title: President	
	ntity: See below for required signature(s).	
Signature: Marcell Notice	re Title: Vice President	-
•		
Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	15 I
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected		APR -3 PH
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:	LUSS LORIDA
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:	7
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion:	\$25.00	

Page 2 of 2

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ARTICLE II - Ac		ability Company, "L.L.C.," or "LLC.")	
		e principal office of the Limited Li	ability Company is:
Principal Office A	Address:	Mailing Address:	
5016 EW Mirchar	131 aue FL 3302)	50/6 Su 13/au miramar FL 3	3027
(The Limited Liability C business entity with an	ompany cannot serve as its own R active Florida registration.) Florida street address of the	•	idual or another
(The Limited Liability C business entity with an	ompany cannot serve as its own R active Florida registration.)	egistered Agent. You must designate an indivi he registered agent are:	idual or another
(The Limited Liability C business entity with an	ompany cannot serve as its own R active Florida registration.) Florida street address of the Elika Constant No. 15016 Sw.	egistered Agent. You must designate an individuely he registered agent are: Composition of the compositio	idual or another 15 APR - 3 ALLAHASSE
(The Limited Liability C business entity with an	Florida street address of the Sound Street address of the	he registered agent are: Color Color	idual or another 15 APR - 3 ALLAHASSE
(The Limited Liability C business entity with an	Florida street address of the Sound Street address of the	egistered Agent. You must designate an individuely he registered agent are: Composition of the compositio	idual or another

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
UP vice praident	Marcell Nodarse
-	5016 Sw 131 ave
	mirancr FL 33027
<u> </u>	<u></u>
	5 >
	<u> </u>
(Use attachment if necessary)	
effective date is listed, the date must	t be specific and cannot be more than five business da
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) CLE VI: Other provisions, if any.	ne date of filing: April 1 2015 AOPTIONAL to be specific and cannot be more than five business day
effective date is listed, the date must 0 days after the date of filing.)	ne date of filing: April 1 2015 AOPTIONAL to be specific and cannot be more than five business day
effective date is listed, the date must 0 days after the date of filing.)	the specific and cannot be more than five business da
REQUIRED SIGNATURE:	Be specific and cannot be more than five business da
REQUIRED SIGNATURE: Signature of a member	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. ubmitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a member	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. ubmitted in a document to the Department of State

ARTICLE IV-