# L15000110066

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

Office Use Only



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TO ACKNOWLEDGE SUPFICIENCY OF FILE

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JUN 3 0 2015 W PAINTER

Wolters Kluwer	2075 Centre Pointe Blvd Ste. 101 Tallahassee, FL	32308 850-205-8842
LUVVITT LLC	M1400008462	-
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		Amount: \$

#### **COVER LETTER**

Personal

INHS11 (02/14)

TO: Registration Section Division of Corporations			
SUBJECT: Luvviva LLC			_
(Name of	f Resulting Florida Li	mited Company)	_
The enclosed Articles of Conversion, Article Business Entity" into a "Florida Limited Lia Please return all correspondence concerning	bility Company"		
Gregory M. Weigand, Esq.			٠,
(Contact Person)			
DLA Piper LLP (US)			
(Firm/Company)			
200 South Biscayne Blvd., Suite 2500			
(Address)			
Miami, Florida 33131			
(City, State and Zip Code)			
greg.weigand@dlapiper.com			
E-mail Address: (to be used for future annual repo	ort notifications)		•
For further information concerning this matt	er, please call:		24
Gregory M. Weigand, Esq.	at ( 305 )	23-8500	
(Name of Contact Person)	(Area Code)	Daytime Telephone Number)	
Enclosed is a check for the following amount	ıt:		29 29 ARY
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fe and Certified Copy	es \$\Bigsigs \\$185.00 \text{ Filing Fees,} \\ Certified Copy, and \\ Certificate of Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Registrati Division ( P. O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	

## **Articles of Conversion**

For

### "Other Business Entity"

Into

### Florida Limited Liability Company

The Articles 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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Luvviva Inc.	f Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Corporation	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporated under the laws of	
on 11/11/2011	e of the country)
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles	of Organization:
Luvviva LLC	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: June 30, 2015	
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the sandate listed in the attached Articles of Organization, if an effective date is listed therein.	ne as the effective
5. The plan of conversion has been approved in accordance with all applicable statutes.	

Page 1 of 2

SECRETARY OF STATE

Signed this 15 day of June	_ 20 <u>_ 15</u>
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative:	Title: Authorized Representative
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s).]
Signature: Printed Name: Corrado Ruscica	Title: President/Treasurer
Signature:	
Printed Name: Jose Ruscica	Title: Vice President/Secretary
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	_ Title:
Signature:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc.  If Florida General Partnership or Limited Liability	corporator must sign.
Signature of one General Partner.  If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

Page 2 of 2

15 JUN 29 AN 5: 32
SECRETARY OF STATE

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Luvviva 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: Mailing Address: 1430 S. Dixie Hwy # 317 1430 S. Dixie Hwy # 317 Coral Gables, FL 33146

Coral Gables, FL 33146

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:

211

Illum LLC	
Name	
1430 S. Dixie Hwy # 317	
Florida street address (P.O.	Box NOT acceptable)
Coral Gables	FL 33146
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 myor states registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Company:	
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Illum LLC
	1430 S. Dixie Hwy # 317
	Coral Gables, FL 33146
(Lise attachment if necessary)	
effective date is listed, the date must 0 days after the date of filing.)	e date of filing: <u>June 30, 2015</u> . (OPTIONAL) be specific and cannot be more than five business day
CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.)	
CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.)  CLE VI: Other provisions, if any.	be specific and cannot be more than five business day
CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	be specific and cannot be more than five business day
CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of	r or an authorized representative of a member.  1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true, abmitted in a document to the Department of State
CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of	r or an authorized representative of a member.  1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true. Ibmitted in a document to the Department of State ided for in s.817.155, F.S.)
CLE V: Effective date, if other than the effective date is listed, the date must 20 days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of	r or an authorized representative of a member.  1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true. Ibmitted in a document to the Department of State ided for in s.817.155, F.S.)  orized Representative of Member and or printed name of signee.
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