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(Re	questor's Name)	_
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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JUL 1 5 2015 J SHIVERS



April 24, 2015

CONNIE STOKES 1441 NW 5TH AVE FT LAUDERDALE, FL 33311-6053

SUBJECT: ELEGANTE' ENTERPRISES LLC

Ref. Number: W15000028954

We have received your document for ELEGANTE' ENTERPRISES LLC and your check(s) totaling \$155.00. 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.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 115A00008376

COVER LETTER

Division of C	Corporations				
SURTECT. Elegan	te' Enterprises LLC				
SUBJECT,		of Resulting Florida	Limite	red Company)	
				nd fees are submitted to convert an "Ot accordance with s. 605.1045, F.S.	her
Please return all corr	espondence concernin	g this matter to:			
Connie W. Stokes					
	(Contact Person)		-		
Elegante' Enterpris	es				
	(Firm/Company)		•		
1441 Northwest 5tl	n Avenue				
	(Address)		•		
Fort Lauderdale, F	lorida 33311-6053				
((City, State and Zip Code)	·	•		
cdestiny477@bells	outh.net				
E-mail Address: (to b	e used for future annual re	port notifications)	-		
For further information	on concerning this ma	tter, please call:			
Connie Stokes		_at (954	\445·	-3092	
(Name of Conta	ct Person)	(Area Code)	(Day	ytime Telephone Number)	
Enclosed is a check f	or the following amou	ınt:			
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS	S:	MAIL	NG A	ADDRESS:	
Registration Section				Section	
Division of Corporati Clifton Building	ons	Divisio P. O. B		Corporations	
2661 Executive Center	er Circle			FI 32314	

Tallahassee, FL 32301

Registration Section

TO:

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.

_	legante' Enterprises Incorporated (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.)
Fi	rst organized, formed or incorporated under the laws of Florida
or	March 4 1004 (Enter state, or if a non-U.S. entity, the name of the country)
0.	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Ε	legante' Enterprises LLC
_	(Enter Name of Florida Limited Liability Company)
	(Effect Plante of Provide Limited Liability Company)
(T da	If not effective on the date of filing, enter the effective date: effective day of filing The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the ate this document is filed by the Florida Department of State; AND 2) must be the same as the effective ate listed in the attached Articles of Organization, if an effective date is listed therein.)

Page 1 of 2



Signed this 8th day of April		
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Printed Name: Connie W. Stokes		_
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]	
Signature:Printed Name: Howard A. Stokes Sr.	Title: V.P & V.P of Marketing	-
Signature:Printed Name:	Title:	- -
Signature:Printed Name:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	Officer.	.
If Florida General Partnership or Limited Liability Signature of one General Partner.		7 <u>8</u> 33
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	S JUL 1
All others: Signature of an authorized person.		RY OF STA
Fees:		ORIDA ORIDA
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	•••

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Elegante' Enterprises LLC		
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pri	ncipal office of the Limited	Liability Company is:
	•	, , ,
Principal Office Address:	Mailing Address:	
1441 N.W 5th Ave.	1441 N.W 5th Ave.	
Ft. Lauderdale, Fl	Ft. Lauderdale, FL	
33311-6053	33311-6053	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered)	Office, & Registered Agen	it's Signature:
business entity with an active Florida registration.)	. Tagoni. Too mast doorgame with	arrada or anomor
The name and the Florida street address of the re	gistered agent are:	
Connie W. Stokes		
Name		
AAAA SI SAHA AAAA		
1441 Northwest 5th Avenu		
Florida street address (P.O.	Box NOT acceptable)	
Fort Lauderdale	FL 33311-6053	
City	Zip	
Hamilton k		A
Having been named as registered agent and to liability company at the place designated in		
registered agent and agree to act in this capacit		
statutes relating to the proper and complete pe	erformance of my duties, and	I am familiar with and
accept the obligations of my position as regi	stered agent as provided for	in Chapter 605, F.S
$\langle i \rangle$	Л	55ECC 55
10-		
Registered Agent's Signa	ature (REQUIRED)	33 (
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(CONTINU	ED)	1. 50 H
Page 1 of	2	
		>

Tido	Name and Address:
<u>Title:</u> "AMBR" = Authorized Member	Name and Address.
"MGR" = Manager	
"AMBR", "MGR"	Connie W. Stokes
	1441 N.W 5th Ave.
	Ft. Lauderdale FL, 33311-6053
"AMBR"	Howard A. Stokes Sr
7 ((4)12)	1441 N.W 5th Ave.
	Ft. Lauderdale FL, 33311-6053
	•
effective date is listed, the date m	n the date of filing: (OPTIONAL ust be specific and cannot be more than five business da
CLE V: Effective date, if other than effective date is listed, the date model of filing.)	n the date of filing: (OPTIONAL ust be specific and cannot be more than five business da
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CLE V: Effective date, if other than effective date is listed, the date mode days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment of the provision of the	nber or an authorized representative of a member: 3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State provided for in s.817.155, F.S.) Typed or printed name of signee es of Organization and Designation

ARTICLE IV-