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(C	ity/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(В	usiness Entity Name)	<u>-</u> -
(D	ocument Number)	
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Outfield Outfield	O-416146	04-4
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer	
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Office Use Only



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TALLORE LARY OF STATE

* Summ AUG 1.9.2015

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32301

INHS11 (02/15)

TO:

	(Name of Needanie 1 Fertal Elimited Company)
	The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
	Please return all correspondence concerning this matter to:
•	Maria Plaitis Mendez (Contact Person) N/A (Pirm/Company)
	10875 NW 7th St. Apt 23
	Mlami Florida 33172 (City. State and Zip Code)
	E-mail Address: (to be used for Educe annual report notifications)
	For further information concerning this matter, please call:
	Mana Mondez at (786) 564-9373 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
	Enclosed is a check for the following amount:
	\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$180.00 Filing Fees and Certificate of Status \$180.00 Filing Fees and Certified Copy \$185.00 Filing Fees, Certified Copy, and Certificate of Status \$25 for Articles of Organization
	STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 Tallahassee, FL 32314
	2661 Executive Center Circle Tallahassee, FL 32314

RECEIVED AUG 1 3 2015



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 22, 2015

MARTIA PLAITIS MENDEZ 10875 NW 7TH STREET APT 23 MIAMI, FL 33172

SUBJECT: WOMWEN'S MARKETING COUNCIL, LLC

Ref. Number: W15000042802

We have received your document for WOMWEN'S MARKETING COUNCIL, LLC and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$111.25. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You submitted the wrong type of form, proper forms are enclosed.

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) 245-6052.

Tim Burch Regulatory Specialist II

Letter Number: 715A00013040

Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

TALLAHASSEE, FLORIDA

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: (Enter Name of Other Business Entity)
(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 <u>Florida</u>
on 5/1/2015 (date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Women's Marketing Council, LdC
(Enter Name of Florida Liability Company)
4. If not effective on the date of filing, enter the effective date: <u>June 4, 2015</u> (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the
date this document is filed by the Florida Department of State; AND 2) must be the same as the effective
date listed in the attached Articles of Organization, if an effective date is listed therein.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Page 1 of 2

5. The plan of conversion has been approved in accordance with all applicable statutes.

,		
Signed this 4 day of August	_20 <u>_15</u>	
Signature of Authorized Representative of Limi	ited-Liability Company:	
Signature of Authorized Representative: Authorized Representative: Printed Name: Nana Harris Mendez	Title: Mar	-
Signature(s) on behalf of Other Business Entry:	[See below for required signature(s)]	
Signature: 1 Www Wilhout Printed Name: Extrabely Wilhout	Title: President Secret	- - - -
Signature: The Dat Miller Signature: Mu Lat Mender Printed Name Cincomonda Plants	_ Title: Vice President /	Mensurer
Signature: Printed Name:		- -
Signature:Printed Name:	Title:	15 S
Signature:Printed Name:	Title:	SEP 13
Signature: Printed Name: If Florida Corporation:	Title:	PH 3: 5:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer.	59 10A
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		
<u>Fees:</u>		
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:
Warnen's Marketing Council 22 C (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:
8249 Nw 36th Street #121 8249 Nw 36th St. #121 Doral Florida 33178 Doral Florida 33178
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:
Maria Plantis Mendez Name
the same of the sa
Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
Miani FL 33172 ST 60 City Zip
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

Page 1 of 2

(CONTINUED)

Company:	
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	A Elizabeth Wiegandt
	M BOM, Florida 33178
MBR	Maria Plantis Mendeza OP15 NW 7th St #2355 Mianu FL 33172 55
(Use attachment if necessary)	FLORID STATE
(If an effective date is listed, the date it to or 90 days after the date of filing.)	an the date of filing: June 4, 2015. (OPTIONAL) must be specific and cannot be more than five business days prio meet the applicable statutory filing requirements, this date will not be listed as the State's records.
N/A	
Signature of a me (In accordance with section 605.	ember or an authorized representative of a member. 0205 (3), Florida Statutes, the execution of this document
I am aware that any false informati constitutes a third degree, felony as	e penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State provided for in s.817.155, F.S.) Pla 'h's Men de Z Typed or printed name of signee
<u> </u>	Typed or printed name of signee Filing Fees
\$125 00 Filing Fee for Artic	eles of Organization and Designation of Registered Agent

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

ARTICLE IV-