

L15000182474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

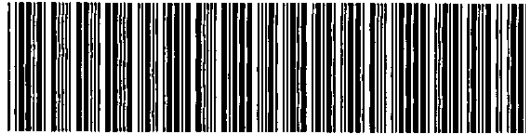
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~no \$~~

~~WIS - 27867~~

Office Use Only



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04/07/15--01037--012 **155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 OCT 23 PM 1:47

APPROVED
AND
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXOTIQUE FASHION AND STYLE LLC
(Name of Resulting Florida Limited 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:

SABRINA ISMAEL
(Contact Person)
EXOTIQUE FASHION AND STYLE
(Firm/Company)
332 BRADSTROM CIR APT 203
(Address)
NAPLES FL 34113
(City, State and Zip Code)
EXOTIQUEFASHIONSTYLE@GMAIL.COM
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

SABRINA ISMAEL at (954) 6051115
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$185.00 Filing Fees, Certified Copy, and Certificate of Status
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STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

10/28/15

CORPORATE DETAIL RECORD SCREEN

1:25 PM

NUMBER: W15000027867

REJECTED FILING

REJ: 04/21/2015

NAME : EXOTIQUE FASHION AND STYLE LLC

SUBMIT BY: SABRINA ISMAEL

ADDRESS : 332 BRADSTROM CT APT 203

NAPLES, FL 34113

USER ID : JSHIVERS

1. MENU, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR:

APPROVED
AND
FILED

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

15 OCT 23 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Conversion is:
EXOTIQUE FASHION AND STYLE inc - P12-5956
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a INC
(Enter entity type. Example: corporation, limited partnership,
general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of FLORIDA
on Jan 18th 2012
(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:
EXOTIQUE FASHION AND STYLE LLC
(Enter Name of Florida Limited Liability Company)

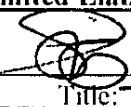
4. If not effective on the date of filing, enter the effective date: ~~7/23/15~~
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the
date this document is filed by the Florida Department of State; AND 2) must be the same as the effective
date listed 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.

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

Signed this 22 day of OCTOBER 20 15

APPROVED
AND
FILED

Signature of Authorized Representative of Limited Liability Company 15 OCT 23 PM 1:40


Signature of Authorized Representative: 

Printed Name: SABRINA ISMAEL

Title: OWNER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: 

Printed Name: SABRINA ISMAEL

Title: OWNER

President

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EXOTIQUE FASHION AND STYLE 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:

332 BRADSTROM CIR APT 203 NAPLES FL
34113

Mailing Address:

1924 9TH ST N #J009 NAPLES FL 34102

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:

SABRINA ISMAEL

Name

332 BRADSTROM CIR APT 203

Florida street address (P.O. Box **NOT** acceptable)

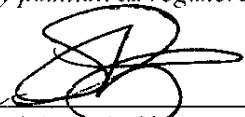
NAPLES

City

FL 34113

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 OCT 23 PM 1:59

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ARTICLE IV-

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

15 OCT 23 PM 1:59

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

_____	_____
_____	_____
_____	_____
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(Use attachment if necessary)

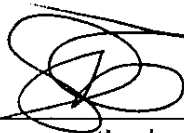
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SABRINA ISMAEL

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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