11000121568

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

Office Use Only



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04/22/16--01023--018 **185.00

16 SEP - L PH 5: 52

STATE OF THE STATE

COVER LETTER

P. O. Box 6327

Tallahassee, FL 32314

TO: Registration 8 Division of C			
SUBJECT:	Brouture 7	of Resulting Florida Limite	ed Company)
			nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:	
moni	Ca Lucket (Contact Person)	<u> </u>	
_MBco	tue 74 (Firm/Company)		
3690 W.	Gandy Bly (Address)	vd #174	
<u>Tampa</u>	1 33 611 City, State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	
Mbcouti	ue used for future annual re	port notifications)	
For further informati	on concerning this ma	tter, please call:	
(Name of Conta	act Person)	_at (<u>(2)(3)</u> (Area Code) (Day	rtime Telephone Number)
Enclosed is a check f	for the following amou	ent:	
\$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	2\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES Registration Section Division of Corporat		MAILING A Registration S Division of C	Section
PINDOLUL OL COLDOLAL	IUHS	DIVISION OF C	OLDOLAHONS

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 29, 2016

MONICA LOCKETT 3690 W GANDY BLVD #174 TAMPA, FL 33611

SUBJECT: MBCOUTURE 74 L.L.C.

Ref. Number: W16000031671

We have received your document for MBCOUTURE 74 L.L.C. and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If other business entity is an out-of-state entity not registered to transact business in Florida, the Certificate of Conversion must include:

- a.) A statement that the other business entity appoints the Florida Secretary of State as its agent for service of process in a proceeding to enforce obligations of the converting domestic corporation, including any appraisal rights of shareholders of the converting domestic corporation under ss. 607.1301-607.1333, Florida Statutes.
- b.) The street and mailing address of an office which the Department of State may use for purposes of s. 607.1114(4), Florida Statutes.

The Certificate of Conversion must state the date on which, and the jurisdiction in which, the other business entity was first organized and, if changed, its jurisdiction immediately prior to the conversion.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 716A00008901

Division of Compactions D.O. DOV 6207 Wellshopped Planida 2021

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: MB	couture 14L	LC	
	(Name o	of Resulting Florida Limited	d Company)
			d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
Monical	Donett		
MBCOUTUR	(Contact Person) 194 BOUHIQUE (Firm/Company)	ue + ObnBlgr	nment
3690 W. GO	andy Blvd #	174	
Tampa, FI	33411 City, State and Zip Code)		
MBooutu	16740 amoil e used for future innual rep	port notifications)	
For further information	on concerning this mat	tter, please call:	
(Name of Conta	a Lockett	at (813) 30	11. 5988 time Telephone Number)
·	or the following amou		and receptone (value)
\$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	S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	3:	MAILING A	DDRESS:
Registration Section		Registration S	
Division of Corporati	ons	Division of C	
Clifton Building	G: 1	P. O. Box 632	
2661 Executive Center Tallahassee, FL 3230		Tallahassee, F	¹ L 32314

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MPiccutive 14 Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Minica Lockett Name of Person
MBCOUTURE 14 Boutique & Consignment Sh
3690 W. Gandy Blud #174
Tampa, Fl. 33611 City/State and Zip Code
E-mil address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Monioci Lockett at 813 301.5988 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed)
Maijing Address Registration Section Registration Section

Registration Section
Division of Corporations
P.O. Box (327
Tallahasse 2, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

AIXTICL ESOF ORGANIZATION FOR FIL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	;
Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and s reet address of the principal offi	ce of the Limited Liability Company is:
Principal Office Acidress;	Mailing Address:
3190 W. Chardy Tampa, Fl. 3:1011	360 W. Grandy Brol # 174
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)	
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	Blvd # 14 OT acceptable) FL 3301 Zip The above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance actions of my position as registered agent as provided for in 605, F.S
(CONTINUE) Page 1 of 2	16 SEP - 1 PH 5: 52

The name and address of each person at	Name and Address:
<u>Title:</u> "AMBR" = Authorized Member	Manie and Address.
("MGR" = Manager	Monicolockett
	3690 W. Gandu Bird #174
ν	Tampa, FL 33611 3
HMBH	Bruce Hector
	6301 S. Church Ave
·	Jampa, F1. 33614
····	
(The ottoch most H'arrey are)	
effective date is listed, the date must be sp	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 da
ICLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 da
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Page 2 of 2