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(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:

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DEC 1 6 2016
T. SCOTT



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COVER LETTER

	Registration S Division of Co			•	
SUBJE		•	n Studios L	LC	
CODOL	···	(Name o	of Resulting Florida Limite	d Company)	
				d fees are submitted to convert an "Occordance with s. 605.1045, F.S.)ther
Please re		spondence concerning			
	((Contact Person) (Contact Person) (Contact Person) (Firm/Company) (Address) (Address) (Sley Chapel, City, State and Zip Code)	Perez		
		(Contact Person)	حد و د		
		lam Studios	LLC		
	30	317 RAHawa	a CT		
		(Address)			
	W.	esley Chapel.	76 33545		
	((City, State and Zip Code)			
E-mai	il Address: (to be	e used for future annual re	port notifications)		
For furtl	her information	on concerning this ma	tter, please call:		
	Ne	el Pagan	_at (<u>8/3</u>) (Area Code) (Day	465- 9544	
	(Name of Conta	ct Person)	(Area Code) (Day	vtime Telephone Number)	
Enclose	d is a check f	or the following amou	int:		
(\$25 for (Conversion or Articles	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Registra Division Clifton	CT ADDRESS ation Section n of Corporat Building executive Cent	ions	MAILING A Registration Division of C P. O. Box 63 Tallahassee,	Section Corporations 27	

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
Glam Studios 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 C	Compan	y is:
Principal Office Address: Mailing Address:		
30317 Raltana CT 30317 Rattana CT Wesley Chapel FL 33545 Wesley Chapel FL	 - 	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signat (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or and business entity with an active Florida registration.)	ure: other	
The name and the Florida street address of the registered agent are: CHRISTINA Nieves		
Name		
30317 RaHana CT		
Florida street address (P.O. Box NOT acceptable)		
Wesley Chapel FL 33545 City Zip		
City Zip		
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the apportunity agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am family accept the obligations of my position as registered agent as provided for in Chapter	ointment rovisions liar with	t as s of ali a and
Registered Agent's Signature (REQUIRED)		
(CONTINUED)	16 DE	SIAIQ
Page 1 of 2	EC	

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

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)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Florida PuoFit Cuporation (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 Coroll 27, 2015. (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:
Glam Sudios LLC.
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(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.

Page 1 of 2

•		
Signed this 5th day of December	_20_ <i>16</i> _	<u>.</u>
Signature of Authorized Representative of Lim	ited Liability	Company:
	W /	
Signature of Authorized Representative?	agar	
Signature of Authorized Representative? Printed Name:	^l Title:	Manager
Signature(s) on behalf of Other Business Entity:	See below for	required signature(s)
Signature:		
Signature: Printed Name: HRISTINA Nieves	Title:	President
/		
Signature:		
Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title	
Signature:		
Signature: Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Signature: Printed Name:	Title:	·
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or	Officer.	
If Directors or Officers have not been selected, an In		st sign.
If Florida Committee and the state of the st		
<u>If Florida General Partnership or Limited Liabili</u> Signature of one General Partner.	ty Partnershij	<u>):</u>
Signature of one General Latine).		
<u>If Florida Limited Partnership or Limited Liabili</u>	tv Limited Pa	rtnership:
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 (Opt	ional)
Certificate of Status:	\$5.00 (Option	•

Title: "AMBR" = Authorized Membe	Name and Address:
"MGR" = Manager MGR	CHRISTINA NIEVES
	30317 Rattana (T
	Wesley Chapel, FL 32145
AMBR	You Pagan Perez
	30317 Rattana CT
	Wesley (Hoppel, FL 33545
	,
(Use attachment if necessary)	
ICH EXT. ECC. d d., . (C. d)	nan the date of filing: <u>Jecember 05, 2016</u> (OPTIONAL)
CLE v: Ellective date, if other the effective date is listed, the date	must be specific and cannot be more than five business days
90 days after the date of filing.)	must be specific and cannot be more than five business days
If the date inserted in this block does no	t meet the applicable statutory filing requirements, this date will not be listed
ent's effective date on the Department o	f State's records.
ICLE VI: Other provisions, if any	•

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.

CHRISTINA NIEVES
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)

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