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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SEGRETARY OF STATE
TALL AHASSIT, FLORIDA

NOV 2 7 2017 T SCHROEDER

COVER LETTER

TO: New Filin Division of	g Section of Corporations		
SUBJECT: Sumu	mer Luxe LLC		
	(Name of Re	sulting Florida Limited Cor	mpany)
		-	nd fees are submitted to convert an "Other coordance with s. 605,1045, F.S.
Please return all o	correspondence concernir	ng this matter to:	
Matthew D. Matkov	. Esquire		
	(Contact Person)		
Saltz Matkov P.C.			
	(Firm/Company)		
998 Old Eagle Scho-	ol Road. Suite 1206		
	(Address)		
Wayne, PA 19087			
	(City, State and Zip Code)		
mmatkov@saltzmat	kov.com; maggie@summer-lu	xe.com	
E-mail Address:	(to be used for future annual r	eport notifications)	
For further inform	nation concerning this ma	atter, please call:	
Maria Santaeruz		_at ()333-6	6854
(Name of C	Contact Person)	(Area Code) (Day	rtime Telephone Number)
	ck for the following amonon a bank located in the		sed by this office must be payable in US
☐ \$150.00 Filing Fe (\$25 for Conversion & \$125 for Articles of Organization)	es S155,00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDR	ESS:	MAILING A	ADDRESS:
New Filing Section		New Filing S	
Division of Corpo	orations	Division of C	•
Clifton Building 2661 Executive C	Center Circle	P. O. Box 63 Tallahassee.	

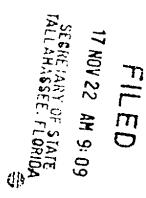
Tallahassee, FL 32301

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.

Summer Luxe LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
May 5, 2014 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Summer Luxe LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Department of State.)
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.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.



Signed this <u>02</u> day of NOVEMBER	20 17	
Signature of Authorized Representative of Lim	ited Liability Company:	
Signature of Authorized Representative: Printed Name: Maria Santacruz	WOSP.	
Signature(s) on behalf of Other Business Entity:		re(s)]
Signature: Naria Santaclut	T'd (57.7)	
•		·
Signature:Printed Name:	Title:	
Signature:		
Trinco Ivanic.	I IIIe:	
Signature:Printed Name:	Title:	
Signature:Printed Name:		
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability Signature of one General Partner.	corporator must sign.	
<u>If Florida Limited Partnership or Limited Liabilit</u> Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	FILED 17 NOV 22 AM 9: 09 SEGRETARY OF STATE FALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE I No.		
ARTICLE 1 - Name: The name of the Limited Liability Company is:		
Summer Luve 11 C		
Summer Luxe LLC (Must contain the words "Limited Liability	Company "L.L.C." or "L.L.C.")	
	, , , , , , , , , , , , , , , , , , ,	
ARTICLE II - Address:		
The mailing address and street address of the pri	ncipal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
1330 West Avc.	1330 West Ave.	
Suite 2212	Suite 2212	
Miami Beach, Ft. 33139	Miami Beach, FL 33139	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an indivi	Signature: dual or another
	-	
United States Corporation Agents,	, lnc.	
Name		
13302 Winding Oak Court, Suite	A	
Florida street address (P.O.	Box NOT acceptable)	
Tampa	FL 33612	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regi	this certificate, I hereby accept t ly. I further agree to comply wit erformance of my duties, and I c	the appointment as th the provisions of all am familiar with and
	e Moseley, Asst. Secretary on b	ehalf of
Registered Agent's Signa	tates Corporation Agents, Inc.	57
(CONTINU		FILED 17 NOV 22 AM 9 SEGRETARY OF ST
		: 0 9

Maria Santacruz

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager				
CEO	Maria Santacruz			
	1330 West Avc., Suite 2212		-	
	Miami Beach, FL 33139		<u>-</u>	
				
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ICLE V: Other provisions, if any.		5 J/		C
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REQUIRED SIGNATURE:	$\bigcirc \emptyset$.			
	Mil			
Signature of a member or a	n authorized representative of a me	mber	-	
TIES ACCURED IN EXCERNISO IN ACCURATION I	with section 605.0203 (1) (b), Florida Statutes, ent to the Department of State constitutes a thi	_	hat	
as provided for in s.817.155, F.S.	one to the Department of State constitutes a int	ra degree fel	ony	

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)