LN000262154

(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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SECRETARY OF STATES
FALLAHASSEE, FLORIDA

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COVER LETTER

TO:	New Filing S					
	Division of C	•				
SUB.	JECT: Pascaline					
		(Name of Re	sulting Florida Lim	ited Cor	mpany)	
					nd fees are submitted to convert an "Oraccordance with s. 605.1045, F.S.	the
Please	e return all com	espondence concernin	g this matter to:			
Pascal	e Elsair					
		(Contact Person)		-		
Pascal	ine Paris					
_		(Firm/Company)		_		
308 N	E 15th Ave					
		(Address)		_		
Fort L	auderdale, FL 33;	301				
	(City, State and Zip Code)		_		
pelsair	@pascalineparis.c	om				
E-r	nail Address: (to l	e used for future annual re	port notifications)	-		
For fi	ırther informati	on concerning this ma	tter, please call:			
Pascal	e Elsair		at (⁴¹⁵)954-2	2743 ytime Telephone Number)	
	(Name of Conta	ict Person)	(Area Code) (Day	ytime Telephone Number)	
Enclo dollar	sed is a check to s and drawn on	for the following amou a bank located in the	int: (All checks United States)	process	sed by this office must be payable in U	JS
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	■\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
New I	ET ADDRES Filing Section on of Corporat		New F	iling S	ADDRESS: Section Corporations	

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

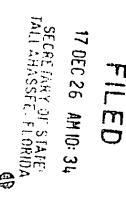
Into

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.

Pascaline Paris LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of California (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
September 4, 2012 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:
Pascaline Paris 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 14 day of November	20_17			
Signature of Authorized Representative of Limi	ited Liability Company:			
Signature of Authorized Representative: Printed Name: Pascale Elsair	Fitle: Owner	_		
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]			
Signature: Shaf Printed Name: Pascale ELS		_		
Printed Name: Pascale ELS	Aiffitle: OWNER	_		
Signature:Printed Name:		_		
Printed Name:	Title:	_		
Signature:Printed Name:	_	_		
Printed Name:	Title:	-		
Signature:		_		
Printed Name:	Title:	_		
Signature: Printed Name:		_		
Printed Name:	Title:	-		
Signature:Printed Name:		_		
Printed Name:	Title:	-		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an line	Officer. corporator must sign.			
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.				
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	ETARY HASSET	C 26	
All others: Signature of an authorized person.		or STAI	AH 10: 34	ED
Fees:		IDA 8	F	
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

Pascaline Paris LLC		
	s "Limited Liability Company, "L.1., C.," or "LL	C.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal office of the L	imited Liability Company is:
Principal Office Address:	Mailing Address:	
308 NE 15th Ave	200 NE 15 1	
200 1113 1311 1110	308 NE 15th Ave	
Fort Lauderdale, FL 33301 ARTICLE III - Registered Age (The Limited Liability Company cannot serv	308 NE 15th Ave Fort Lauderdale, FL 333 nt, Registered Office, & Registered re as its own Registered Agent. You must design ration.)	l Agent's Signature:
ARTICLE III - Registered Age (The Limited Liability Company cannot service business entity with an active Florida registered and the Florida street a	Fort Lauderdale, FL 333 nt, Registered Office, & Registered re as its own Registered Agent. You must design	Agent's Signature: ate an individual or another
Fort Lauderdale, FL 33301 ARTICLE III - Registered Age (The Limited Liability Company cannot serve business entity with an active Florida registered)	Fort Lauderdale, FL 333 nt, Registered Office, & Registered re as its own Registered Agent. You must design ration.)	Agent's Signature: ate an individual or another ALLAHASSE
ARTICLE III - Registered Age (The Limited Liability Company cannot service business entity with an active Florida registered and the Florida street a	nt, Registered Office, & Registered eas its own Registered Agent. You must design ration.) ddress of the registered agent are: Name	Agent's Signature: ate an individual or another ALLAHASSE
ARTICLE III - Registered Age (The Limited Liability Company cannot serve business entity with an active Florida registered and the Florida street and Pascale Elsair 308 NE 15th Av	nt, Registered Office, & Registered eas its own Registered Agent. You must design ration.) ddress of the registered agent are: Name	Agent's Signature: ate an individual or another ALLAHASSEE, FLO
ARTICLE III - Registered Age (The Limited Liability Company cannot serve business entity with an active Florida registered and the Florida street and Pascale Elsair 308 NE 15th Av	nt, Registered Office, & Registered eas its own Registered Agent. You must design ration.) ddress of the registered agent are: Name	Agent's Signature: ate an individual or another ALLAHASSE

egistered 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)

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Pascale Elsair	
	308 NE 15th Ave	
	Fort Lauderdale, Fl. 33301	
	• • • • • • • • • • • • • • • • • • • •	
	iaa B	and a
(Use attachment if necessary)	Añ EC	
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	اراغ است. سار سر	.
ARTICLE V: Other provisions, if any.		-
	<u> </u>	<u>-</u>
DECLUDED CLON LEVEN	*	
<u>REQUIRED</u> SIGNATURE:		
، بح	las.	
Signature of a member or a	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware that	
any false information submitted in a docum	tient to the Department of State constitutes a third degree felony	
as provided for in s.817.155, F.S.		
Denoule Elecia		
Pascale Elsair		
Тур	ed 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)