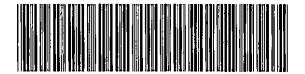
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Centificates	of Status
Special Instructions to	Filing Officer:	_





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SECRETARY OF STATE
ALL ARVSSEEL FLORIDA

FEB 0 9 2018 T SCHROEDER

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Shavic In Stile + to S (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Othe Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to: (Contact Person)
Shark In Stilettos
4073 Wellington tarradal
City, State and Zip Code)
into or short in Stiletto S. Com E-man Address: (to be used for future annual report notifications)
For further information concerning this matter, please call: Solid Fred InD at (U3) 375,939 (Oxen of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
ZI \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) Status S150.00 Filing Fees and Certificate of and Certified Copy and Certificate of Status Status
STREET ADDRESS: MAILING ADDRESS:
New Filing Section New Filing Section
Division of Corporations Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Conversion For "Other Business Entity"

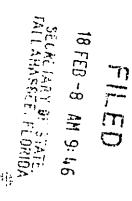
lnto

Florida Limited Liability Company

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.

 The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
Shark In StileHOS
(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 NY State
(Enter state, or if a non-U.S. entity, the name of the country)
on 9/9/2016
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company) Dec 18/2017
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 10 day of NOVember	20	
Signature of Authorized Representative of Limit	ed Liability Company:	,
Signature of Authorized Representative: Printed Name: Lessif Ardding	Title: OUNET	
Signature(s) on behalf of Other Business Entity: (* *
Signature: Printed Name: Leslie Ardelino	Title: Cher Pra	adat (furthe
Signature: Printed Name:	_ Title:	<u></u>
Signature:Printed Name:		
Signature:Printed Name:		
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabilit	corporator must sign.	
Signature of one General Partner.	- 	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y 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 18 FEB -8 AM 9: 47 SECRETARY OF STATE FALL AHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
(Must contain 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: Mailing Address:
4073 Wellington Phony 4073 Wellington Phone FC Dalm Harber FC 341685
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:
Lesus Ardolino
Name Name Or 1 Y 1
Florida street address (P.O. Box NOT acceptable)
Palm + 1/20 51 34/085
City 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) (CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
			
		_	
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	Face		
(Use attachment if necessary) ICLE V: Other provisions, if any.		8	
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REQUIRED SIGNATURE:			
	7 /		
This document is executed in accordance	an authorized representative of a member with section 605.0205 (1) (b), Florida Statutes. I am awar	e tha	
any false information submitted in a docume as provided for in s.817.155, F.S.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		

ARTICLE IV-

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)