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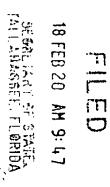
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

SUBJECT: AD	HARA AES (Name of Res	THETIC (E)	UTER LLC
			d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	spondence concerning	g this matter to:	
MARCO A.	CONTER	AS	
	(Contact Person)	<u> </u>	
HAHARA	DECTHING	DC CENT	EZ
	(Firm/Company)		- -
10621 N. A	KENDALL	DRIVE #	114
	(Address)		
MiAMI, I	PL 3315	4	
, (C	ity, State and Zip Code)		
drmarco	o contre	ras@aoi	l. com
E-mail Address: (to be	used for future annual rej	oort notifications)	•
For further informatio	n concerning this mat	ter, please call:	
112200	. A . mys/=>3 A .	· 205.	ac 1121
(Name of Contac	tt Person)	Sat (503) 5	time Telephone Number)
		·	·
			ed by this office must be payable in US
dollars and drawn on a	a bank located in the l	United States)	
\$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	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	:	MAILING A	.DDRESS:

New Filing Section

P. O. Box 6327

Division of Corporations

Tallahassee, FL 32314

New Filing Section
Division of Corporations

2661 Executive Center Circle

Tallahassee, FL 32301

Clifton Building

New Filing Section

Division of Corporations

TO:

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

Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: ADHARA AESTHETIC CENTER INC. P13-5621 (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>CORPORATION</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
on January 16, 2013 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
ADHARA AESTHETIC CENTER, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: FEDEURE 15.2018 (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.
18 FEB 20 SEGRETARIZED ALL AREASE

Signed this 5th day of February			
Signature of Authorized Representative of Limi	ted Liability Company:		
Signature of Authorized Representative: Printed Name: MARCO A CONTREPAS	THE TYESIDENT		
Signature(s) op behalt of Other Business Entity: [See below for required signature(s)		
Signature: Printed Name: MRECON REPA	STitle: PRESIDENT		
Signature:			
Signature:Printed Name:	Title:		
Signature:Printed Name:	_ Title:		
Signature:			
Printed Name:	I ille:		
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 Liability Partnership: Signature of one General Partner.			
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.			
All others: Signature of an authorized person.			
Fees:			

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

18 FEB 20 AM 9: 47
SEON AND SE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ADHARA AESTHETIC CENTER LLC

(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:
1045 KANE CONCOURSE	= 1045 KANE CONCOURSE
Suite 206	Suite 200
BAU HARBOY ISLANDS	FL Bay Harbor Islands, PC
33154	33154
ARTICLE III - Registered Agent, Regis	tered 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:

MAREO A. CONTRERAS

Name

1045 KANE CONCOUYSE # 206

Florida street address (P.O. Box NOT acceptable)

Pay Harbor Tsbress

City Zin

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)

AK	HUL	r, i v	-
The	name	and	ado

dress of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	MARCO A CONTREPAS 1045 RANE CONCOURSE # 206 BAY HARBOR ISLANDS, FL 33157
· 	TAX EE
(Use attachment if necessary)	EB 20 AM
ARTICLE V: Other provisions, if any.	FLORMEN STATE
REQUIRED SIGNATURE:	
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.

MARCO A CONTRERAS

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)