# 118000069936

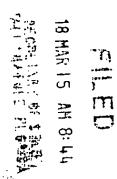
(Re	equestor's Name)		
(Āc	ddress)		
(Ac	idress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			





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#### **COVER LETTER**

TO:	New Filing S Division of C				
SUBJ	ECT: JAM'Z B	OX GLAMOUR ELC			
		(Name of Re	sulting Florida Limi	ed Coi	mpany)
The er Busine	nclosed Article ess Entity" into	s of Conversion, Artic o a "Florida Limited L	eles of Organizati iability Company	on, ar /" in a	nd fees are submitted to convert an "Other accordance with s. 605,1045, F.S.
Please	return all corr	espondence concernin	g this matter to:		
JULISS	SA ROSADO				
-		(Contact Person)		•	
DCM S	SERVICES CENT	TER INC			
		(Firm/Company)			
2529 W	BUSCH BLVD				
		(Address)		•	
TAMP.	A, FL 33618				
	((	City, State and Zip Code)			
CONT	ACT@DCMSERV	VICESCENTER@GMAIL	СОМ		
E-m	ail Address: (to b	e used for future annual re	port notifications)		
For fu	rther information	on concerning this ma	tter, please call;		
JULISS	SA ROSADO		_at ( <u>813</u>	99086	630
	(Name of Conta	ct Person)	(Area Code)	(Day	rtime Telephone Number)
Enclos dollars	ed is a check for and drawn on	or the following amou a bank located in the	mt: (All checks p United States)	rocess	sed by this office must be payable in US
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fiting and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STRE	ET ADDRESS	S:	MAILI	NG A	ADDRESS:
	iling Section		New Fi	ling S	ection
	on of Corporati	ons			Corporations
	Building Executive Cente	er Circle	P. O. B Tallaha		27 FL 32314
		<del></del>	randia	oper, I	1 G JZJ [7

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  JAM'Z BOX GLAMOUR INC + 100 - 100
(Emer Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(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)
02/26/2018 on
On
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
JAM'Z BOX GLAMOUR 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>14</u>	day of MARCH ,	20 <u>18</u>
Signature of A	authorized Representative of Lir	nited Liability Company:
		<del></del>
Signature of Au Printed Name: <u>J</u>	uthorized Representative: <u>v. // //</u> ILDA GARCIA RAMIREZ	10 Garcia Ramirez Tide: MEMBER
		See below for required signature(s)
Signature: 8	IIIda Gacia Rar	nirez.
Printed Name:	ILDA GARCIA RAMIREZ	nire 2Title: PRESIDENT
Signature:		
Printed Name:_		Title:
Simoner		
Drinted Mame:		Title:
r mited Name		rate
Signature:		
Printed Name:		Title:
_		
Signature:		
Printed Name:_		Title:
Cimmat		
Orintad Mamai	<del></del> ,	Title:
r rinted (Name		1 itte.
If Florida Corp	poration:	
	airman, Vice Chairman, Director, o	r Officer.
	Officers have not been selected, an I	
<u>If Florida Gene</u>	eral Partnership or Limited Liabi	lity Partnership:
Signature of one	e General Partner.	
If Florida Limi	ted Partnership or Limited Liabi	lity Limited Dantmanskin.
Signatures of <b>A</b>	LL General Partners.	nty Elinted Farthersmp:
g	Contract attricts.	
All others:		
Signature of an	authorized person.	
Fees:		
Amialaa	of Conversion:	\$25.00
		\$25.00
	· Florida Articles of Organization:	
Certifie		\$30.00 (Optional)
Certific	ate of Status:	\$5.00 (Optional)



### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company	ris:	
The hame of the Emitted Elability Company	13.	
IAM'Z BOX GLAMOUR LLC		
(Must contain the words "Limited Lia	ibility Company, "L.L.C" or "LLC.")	<u></u>
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited	d Liability Company is:
Principal Office Address:	Mailing Address:	
803 E WOOD STREET	1803 E WOOD STREET	
FAMPA, FLORIDA 33604	TAMPA, FLORIDA 33604	
ARTICLE III - Registered Agent, Registe The Limited Liability Company cannot serve as its own Robusiness entity with an active Florida registration.)  The name and the Florida street address of the	egistered Agent. You must designate an i	
JILDA GARCIA RAMIREZ		
Na	ame	
1803 E WOOD STREET		
Florida street address (F	P.O. Box <u>NOT</u> acceptable)	
TAMPA	FL 33604	
City	Zip	
Having been named as registered agent an liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d in this certificate, I hereby acc pacity. I further agree to compl ete performance of my duties, an	cept the appointment as wwith the provisions of all ad I am familiar with and
_ Jilda Go.	rcia Painirer	
Registered Agent's S	Signature (REQUIRED)	71. <sup>71</sup>
(CONT	'INUED)	18 MAR 15

#### ARTICLE IV-

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

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager AMBR	JILDA GARCIA RAMIREZ		
	1803 E WOOD STREET	_	
	TAMPA, FL 33604	_	
AMBR	MANDA CACTOO	_	
ANIDR	MAYRA CASTRO	_	
	4212 EMPIRE PL	_	
	TAMPA, FL 33610	_	
AMBR	ROSA RODRIGUEZ		
	3932 SHORESIDE CIR	_	
	TAMPA, FL 33624	_	
		<del>-</del>	
(Use attachment if necessary)		18 HAR	
	ار در این	-	
ICLE V: Other provisions, if any.	The state of the s	5	1
MEMBERS HOLD SAME AMOUNT OF SHARES	39	.73>	: 1
	and the second s		
REQUIRED SIGNATURE:		ţ	
Tilda Gara	19 Bamirez		
Signature of a member or an a This document is executed in accordance with	uthorized representative of a member section 605.0203 (1) (b), Florida Statutes, I am aware to the Department of State constitutes a third degree for	- that	

JILDA GARCIA RAMIREZ

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)