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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	filing S on of C	ection Corporations				
SUBJECT:		Loo	p44 Fashions LLC			
0011112011_		(Name of Res	sulting Florida Limite	ed Cor	mpany)	
		s of Conversion, Artic o a "Florida Limited Li				
Please return	all corr	espondence concernin	g this matter to:			
		Jose Abreu				
		(Contact Person)				
		Loop44 Fashions LLC				
		(Firm/Company)				
		13239 N.W. 16th. street				75.55 18
		(Address)				
	Per	nbroke Pines Florida 3302	8			18 JUN 12 PH 12: 51
	(City, State and Zip Code)				70 1
	jo	oseabreu6@yahoo.com				10
E-mail Addre	ess: (to b	oe used for future annual re	port notifications)			ن. م
For further in	formati	on concerning this ma	tter, please call:			
	Jose A	breu	at (787 .)	300-0340	
(Name	of Conta	act Person)	(Area Code)	(Day	ytime Telephone Numbe	r)
		for the following amou a bank located in the	-	roces	sed by this office mu	ist be payable in US
S150.00 Filin (\$25 for Convers & \$125 for Artic of Organization)	sion :les	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Copy		■\$185.00 Filing Feet Certified Copy, and Certificate of Status	S.
STREET AD New Filing So		S:	MAILI New Fil		ADDRESS:	
Division of C	orporat	ions	Divisio	n of C	Corporations	
Clifton Buildi 2661 Executiv	_	er Circle	P. O. Bo Tallaha		527 FL 32314	

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: Tops&Blouses Corp. DI30000 72801
(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)
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:
Loop44 Fashions LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (The off-this date (County be printed at the force) and the filling.
(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	7th.	_ day of	June	20_18	·
Signature of	<u>Author</u>	ized Repres	sentative of I	Limited Liabilit	y Company:
Signature of A	uthoriz	zed Represen	ntative:	lose /	Luce Deinainal
Printed Name:		Jose Abret	1	Hite:	типстрат
	(Nath	1		or required signature(s)]
Signature:		Davata	Marchese	Tieles	President
Frinted Name.	-	/ Dy y a ()	viarenese	riue:	Trestuent
Signature:		7 '			
Printed Name:			•	Title:	
Signature:					
Printed Name:			- ·	Title:	
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Printed Name:	<u></u>	···		Title	
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Signature:				7877.3	
Printed Name:			· · · · · · · · · · · · · · · · · · ·	I itle:	
If Florida Cor	noratio	n'			
Signature of C			man. Director	r, or Officer.	
				in Incorporator m	ust sign.
				•	C
<u>If Florida Ger</u>	neral Pa	artnership o	r Limited Li	<u>ability Partnersh</u>	<u>iip:</u>
Signature of or	ne Gene	ral Partner.			
1075					
Signatures of A				ability Limited F	<u>'artnership:</u>
All others:					
Signature of ar	author	ized person			
Fees:					

\$25.00 \$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: 18 JUN 12 PH 12: 5

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		ashions LLC		
(Must conta	in the words "Limited Liab	oility Company, "	L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and		principal off	ice of the Limit	ed Liability Company is:
Principal Office Addres	<u>ss:</u>	Mailing	Address:	
13239 N.W. 16th. street		13239 N.	W. 16th. street	
Pembroke Pines, Florida, 330	Pines, Florida, 33028 Pembroke Pines, Florida 33028		028	
	Jose Na	Abreu me		
	13239 N.W. 16th. street			
Flor	ida street address (P	.O. Box NO	[acceptable)	
	Pembroke Pines	FL_	33028	
	City		Zip	
liability company at registered agent and ag statutes relating to the	the place designated gree to act in this cap groper and complet ons of my position as	l in this certificacity. I furthete performance	cate, I hereby a er agree to com e of my duties, d ent as provided	for the above stated limited ceept the appointment as ply with the provisions of all and I am familiar with and for in Chapter 605, F.S
				in the second

(CONTINUED)

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	Jose Abreu
AMBR	13239 N.W. 16th. street
	Pembroke Pines, Florida 33028
	Temploke Files, Fibrida 55026
AMBR	Deyar Marchese
	1451 N.W. 112 way
	Pembroke Pines, Florida 33026
	
(Use attachment if necessary)	
• /	
LE V: Other provisions, if any.	' r
<u> </u>	
REQUIRED SIGNATURE:	
ME VOIMED STOLLY COMM	\mathcal{A}_{I}
lun /	7 1 7
	film
Signature of a member or	an authorized representative of a member
This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am aware ument to the Department of State constitutes a third degree fe
This document is executed in accordance any false information submitted in a docu	e with section 605.0203 (1) (b), Florida Statutes. I am aware
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes. I am aware ument to the Department of State constitutes a third degree fe

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)