# L18000 /62775

(Re	questor's Name)	<del></del>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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8 JUL -3 AM 9: 20 ECKETAK) JF STATE ALLAHASSEE, FLORID.

D O'KEEFE JUL - 6 2018

# COVER LETTER

Division of	Section Corporations		
SUBJECT: Artis De			
		sulting Florida Limited C	ompany)
The enclosed Article Business Entity" int	es of Conversion. Artico o a "Florida Limited L	cles of Organization, a iability Company" in	and fees are submitted to convert an "Othe accordance with s. 605.1045, F.S.
	respondence concernir		
Yan Valdes			
	(Contact Person)		
Valdes CPA & Advisor	s, P.A.		
<u> </u>	(Firm/Company)		
848 Brickell Ave, Suite	625		
	(Address)		
Miami, FL 33131			
	City, State and Zip Code)	<del></del>	
yvaldes@valdesepa.com	-		
E-mail Address: (to	be used for future annual re	port notifications)	
For further informat	ion concerning this ma	atter, please call:	
Yan Valdes		_at (305 )517.	3309
(Name of Cont	act Person)	(Area Code) (Da	sytime Telephone Number)
Enclosed is a check dollars and drawn or	for the following amou a bank located in the	unt: (All checks proces United States)	ssed by this office must be payable in US
■ \$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 ADDRES	S:	MAILING.	ADDRESS:
New Filing Section		New Filing S	
Division of Corporat	ions	Division of C	Corporations
Clifton Building	C:I-	P. O. Box 63	
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INHS11 (7/17)

Tallahassee, FL 32301

## Articles of Conversion

For

## "Other Business Entity"

Into

### 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  Artis Design Group Inc.
(Enter 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.)
Florida Florida
(Enter state, or if a non-U.S. entity, the name of the country)
06/01/2012 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:  Artis Design Group, Lt.C
(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.

18 JUL -3 AM 9: 20
SECRETARY OF STATE
TALLAHASSEE, FLORID

Signed this 28 day of June	20_1 &
Signature of Authorized Representative of Lin	
Signature of Authorized Representative: <u>VQ. 1</u> Printed Name: <u>Maria I. Marcet</u>	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Maria I. Marcet  Printed Name: Maria I. Marcet  Signature: Printed Name: Luis E. Grunauge  Signature:	
Printed Name: Maria I. Marcet	Title: President
Signature:	<i></i>
Printed Name: Luis E. Civinauci	Title: Vice President
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
	-
If Florida Corporation:	out.
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
ti Directors or Officers have not been selected, an in	corporator musi sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	<del></del>
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00

Certified Copy: Certificate of Status:

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

ARTICLE 1 - Na			LA COMBANT
The name of the I	ame: Limited Liability Company	y is:	
Artis Design Group,	LLC.		
18	fust contain the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")	
ARTICLE H - A The mailing addre	ddress: ess and street address of th	e principal office of the Limited Lia	bility Company is:
Principal Office	Address:	Mailing Address:	
4127 Boston Ct.		4127 Boston Ct.	
Weston, FL 33331		Weston, FL 33331	
The name and the	Florida street address of the Luis Grunauer	he registered agent are:	
		ame	
	N	ame	
	Na 4127 Boston Ct.	eme P.O. Box <u>NOT</u> acceptable)	
	A127 Boston Ct. Florida street address (I	P.O. Box NOT acceptable)	
	Na 4127 Boston Ct.		

(CONTINUED)

FILED 18 JUL -3 AM **9**: 20

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Maria I. Murcet
	4127 Boston Ct.
	Weston, FL 33331
AMBR	Luis E. Grunauct
	4127 Boston Ct.
	Weston, FL 33331
<del></del>	
	S. S
The second second	
(Use attachment if necessary)	
	Ď. ·
LE V: Other provisions, if any.	
<del></del>	
REQUIRED SIGNATURE:	
Ha Wabel Hora	utO.
	an authorized representative of a member with section 605,0203 (1) (b), Florida Statutes, I am aware that
This document is executed in accordance	nent to the Department of State constitutes a third degree felony
This document is executed in accordance any false information submitted in a document of the control of the con	nent to the Department of State constitutes a third degree felony
This document is executed in accordance any false information submitted in a docume as provided for in s.817.155, F.S.  Maria I. Marcet	nent to the Department of State constitutes a third degree felony bed or printed name of signee

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