L18000187371

(Requestor's Name)			
(Address)			
(Ad	dress)		
(Cit	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nam	e)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

Office Use Only

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COVER LETTER

TO: New Filing S Division of O					
SUBJECT: AGELE	SS BEAUTIE, LLC				
30bare 1	(Name of Res	sulting Florida Limi	ed Cor	npany)	
	es of Conversion, Artic o a "Florida Limited Li	_			
Please return all cor	respondence concernin	g this matter to:			
HORTENCIA TORRE	S				
GLOBAL TAX	(Contact Person)		•		
	(Firm/Company)		-		
8133 LEESBURG PIK	E SUITE 920				NE 25
	(Address)		•		1- 11 AUG -2 CRATES
VIENNA, VA 22182			_		
	(City, State and Zip Code)				
KARINA@MYGLOBA	ALGROUP.COM		_		e Ca
E-mail Address: (to	be used for future annual re	port notifications)			Ö
For further informat	ion concerning this ma	tter, please call:			
HORTENCIA TORRE	S	_at (833-	3636	
(Name of Con	act Person)	(Area Code)	(Da	ytime Telephone Number)	
	for the following amount a bank located in the	•	roces	sed by this office mus	t 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 and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES New Filing Section Division of Corpora Clifton Building 2661 Executive Cen	tions	New F Divisio P. O. E	iling S on of C Sox 63	Corporations	

Tallahassee, FL 32301

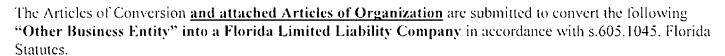
Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company



1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: AGELESS BEAUTIE, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY (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)
on 11/29/2017 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: AGELESS BEAUTIE, 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	d this <u>13</u>	day of JUNE	20 <u>_18</u>	
<u>Signa</u>	ture of Autho	rized Representative o	of Limited Liability-Company;	
		ized Representative:	Title MANAGING MEMBER	
<u>Signat</u>	ture(s) on beh	alf of Other Business Er	ntity: See below for required signature	(s) = =
Signat	ure: 🐧 🔏			
Printed	d Name: Hov-	fencia Torres	Title: Managing Membe	<u></u>
Signat	ure:		-	
Printed	d Name:		Title:	
Signat	ure:			
Printed	l Name:		Title:	
Signate	ure:	<u> </u>		
Printed	l Name:		Title:	
Signati	ure:			
Printec	f Name:		Title:	
Signati	ure:			
Printed	l Name:		Title:	
Signati	rida Corporat ure of Chairma ctors or Office	n, Vice Chairman, Direc	tor, or Officer. I, an Incorporator must sign.	
<u>If Flor</u> Signati	<u>rida General F</u> ure of one Gen	artnership or Limited leral Partner.	<u>Liability Partnership:</u>	
		artnership or Limited I eneral Partners.	Liability Limited Partnership:	
<u>All oth</u> Signati	ners: ure of an autho	rized person.		
<u>Fees:</u>				
	Articles of C Fees for Flor Certified Cop Certificate of	ida Articles of Organiza by:	\$25.00 ntion: \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	T - Name:
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The name of the Limited Liability Company is:

AGELESS BEAUTIE, 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:		
8133 LEESBURG PIKE, SUITE 920	8133 LEESBURG PIKE, SUITE 920		
VIENNA, VA 22182	VIENNA, VA 22182		

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:

KAREN TORRES		ACE SEC	18		
	Name	5. 第7 27	AUG -	~ <u> </u>	٣.
185 SW 7TH ST APT 3	411	2	ιŞ	, .	
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)			:*!	
MIAMI	FL 33130		 دع	ė	
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. Thereby 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)

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 MGR					
	HORTENCIA TORRES - 8133 LEESBURG PIKE SUITE 920 VIENNA. VA 22182				
	r-i				
	7. N				
					
(Use attachment if necessary)					
,					
TICLE V: Other provisions, if any.					
<u> </u>					
-					
REQUIRED SIGNATURE:					
Signature of a member of	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 docum	nent to the Department of State constitutes a third degree felony				
as provided for in s.817.155, F.S.	,				
Wangerior, ganger					
HORTENCIA TORRES					

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)