# L 1800 22 1541

(Re	equestor's Name)	<del> </del>
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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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M. MOON SEP 1 9 2018

Office Use Only

### COVER LETTER

TO: Registration S Division of C					
SUBJECT: UNBROA	ABLE BOUTIQUE LLC				
30000001	(Name	of Resulting Florida	Limite	rd Company)	-
		_		and fees are submitted accordance with s. 605.1	
Please return all corre	espondence concernin	g this matter to:			
Cheyenne Moseley					
	(Contact Person)		•		
LegalZoom.com, Inc.					50 g
	(Firm/Company)		•		FO. 89
101 N Brand Blvd 11th	ı Fl				
·	(Address)				ا وي. ا
Glendale, CA 91203					18 SEP 19 PH 6: 13
(1	City, State and Zip Code)		•		
tracyposner82@gmail	.com				Car:
E-mail Address: (to b	e used for future annual re	port notifications)			
For further informati	on concerning this ma	atter, please call:			
Cheyenne Moseley		at ( 800	773-	0888 x9724	
(Name of Cont	act Person)		(Day	ytime Telephone Number)	-
Enclosed is a check t	or the following amou	int:			
☐ \$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 Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions	Registr Divisio P. O. B	ation in of C ox 63	ADDRESS: Section Corporations 27 F1. 32314	

INHS11 (01/14)

Tallahassee, FL 32301

## Certificate of Conversion For "Other Business Entity" Into

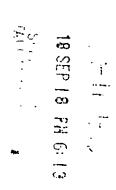
P.4000 66369

#### Florida Limited Liability Company

This Certificate 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 this Certificate of Conversion is: UNBRCABLE BOUTIQUE 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.)
Fig	est organized, formed or incorporated under the laws of FL
on	08/01/2018 (Enter state, or if a non-U.S. entity, the name of the country)
\/\	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
U	NBRCABLE BOUTIQUE LLC
	(Enter Name of Florida Limited Liability Company)
(T da	If not effective on the date of filing, enter the effective date:  he effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the te this document is filed by the Florida Department of State; AND 2) must be the same as the effective te listed in the attached Articles of Organization, if an effective date is listed therein.)
5.	The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

Page 1 of 2



Signed this 10 day of September	20			
Signature of Authorized Representative of Limi	ted Liability Company:			
Signature of Authorized Representative:	Milga Joseph Title: Manager			
Signature(s) on behalf of Other Business Entity:				
Signature: Mary Jonez Printed Name: TRACY Milgram Posner	_			
Printed Name: TRACY Milgram Posner	Title: President			
Signature:				
Signature:Printed Name:	Title:			
Signature:Printed Name:				
Signature:Printed Name:	m: 1			
Printed Name:	Ittle:			
Signature:Printed Name:	Title			
Signature:Printed Name:	Title			
Timed Name.				
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer.			
If Directors or Officers have not been selected, an Inc	corporator must sign.			
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:			
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	RUTA SECTA	18 SEP	-
All others: Signature of an authorized person.			13 PH	
Tees:		<b>₩</b>	6:13	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		رين ا	

` AR			
	TICLES OF ORGANIZATIO	ON FOR FLORIDA LIMITED LI	IABILITY COMPANY
	TICLE I - Name: name of the Limited Liability Co	ompany is:	
	UNBRCA	ABLE BOUTIQUE LLC	
	(Must end with the words "L	Limited Liability Company, "L.L.C.," or "LLC.")	)
	ICLE II - Address: nailing address and street addres	ss of the principal office of the Limite	ed Liability Company is:
<u>Princ</u>	cipal Office Address:	<b>Mailing Address:</b>	
4535	NW 50th Court	4535 NW 50th Court	
Coco	nut Creek, FL 33073	Coconut Creek, FL 33073	<u> </u>
	_ <del>-</del>	<del></del>	<del></del>
The n	name and the Florida street addre	ess of the registered agent are:  poration Agents, Inc.  Name	
	13302 Winding Oal	ak Court Suite A	
	<del></del>	dress (P.O. Box <u>NOT</u> acceptable)	
	Tampa	FL 33612	
	Cit	ty Zip	
**	liability company at the place des	igent and to accept service of process j	
reg	tatutes relating to the proper and accept the obligations of my post	chis capacity. I further agree to complete performance of my duties, a sition as registered agent as provided for Cheyenne Moseley, Assistant Schedulf of United States Corporated Signature (REQUIRED)	oly with the provisions of al and I am familiar with and for in Chapter 605, F.S. secretary on
reg	tatutes relating to the proper and accept the obligations of my post	this capacity. I further agree to complete performance of my duties, a sition as registered agent as provided for the Cheyenne Moseley, Assistant Subehalf of United States Corporate	oly with the provisions of al and I am familiar with and for in Chapter 605, F.S. secretary on

### **ARTICLE IV-**

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

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
MGR	Tobi Milgram		
	3499 Oaksway		
	Coconut Creek, FL 33069		
MGR	Tracy Posner		
<del></del>	4535 NW 50th Ct		
	Coconut Creek, FL 33073		
	<del></del>		_
	<del> </del>		<del>-</del>
			_
	<del></del>		-
(Use attachment if necessary)			
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.)  CLE VI: Other provisions, if any.	te date of filing: t be specific and cannot be more than	(OPT)	iONA ness c
ffective date is listed, the date must days after the date of filing.)	te date of filing:t be specific and cannot be more than	(OPT)	iONA
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ffective date is listed, the date must days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature af a member	er or an authorized representative of	a membe	ness c
ffective date is listed, the date must days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member accordance with section 605.0203 (	er or an authorized representative of (1) (b), Florida Statutes, the execution of	a membe	r.
REQUIRED SIGNATURE:  Signature of member accordance with section 605.0203 (institutes an affirmation under the per	er or an authorized representative of (1) (b), Florida Statutes, the execution chalties of perjury that the facts stated he	a member of this doc	r. umen uc.
REQUIRED SIGNATURE:  Signature at a member accordance with section 605.0203 (nstitutes an affirmation under the permaware that any false information section 605.0203 (section 605.0203).	er or an authorized representative of (1) (b), Florida Statutes, the execution chalties of perjury that the facts stated he ubmitted in a document to the Departm	a member of this doc	r. umen uc.
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REQUIRED SIGNATURE:  Signature of a member accordance with section 605.0203 (institutes an affirmation under the permanent actions at the section formation sensitiutes a third degree felony as proved.  Filing Fees:	er or an authorized representative of (1) (b), Florida Statutes, the execution of nalties of perjury that the facts stated he ubmitted in a document to the Departmy vided for in s.817.155, F.S.)  Tracy Posner yped or printed name of signee	a member of this doc	r. umen uc. 160 SEP 163
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