L1800177704

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

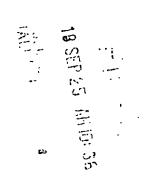
Office Use Only

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COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: <u>change</u> <u>SO Cute Unisex hair Salon Inc. L.L.</u> (Name of Resulting Florida Limited Company)				
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Othe Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.				
Please return all correspondence concerning this matter to:				
Brigitte Joseph (Contact Person)				
Solute unisex hair Salon Inc. (Firm/Company)				
- 245 NW 119 - Strees -				
Miami - F1 33/68 (City. State and Zip Code)				
Brimalou charles O Imail. Com E-mail Address: (to be used for future annual report notifications)				
For further information concerning this matter, please call:				
Brigith Joseph at (954) 203 – 2451 (Name of Contact Person) (Area Code) (Daytime Telephone Number)				
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)				
\$\sqrt{\$150.00 Filing Fees}				
STREET ADDRESS:MAILING ADDRESS:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsClifton BuildingP. O. Box 6327				

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

P.800039906

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 A Socute Unesex hair Salon INC.	rticles of Conversion is:
(Enter Name of Other Business Entity)	·
2. The "Other Business Entity" is a <u>Corforation</u> (Enter entity type. Example: corporation, limited partnership, general partnership, co	mmon law or business trust. etc.)
First organized, formed or incorporated under the laws of FL, SOC (Enter state, or if a non-U.S. entity	על וע v, the name of the country)
on O4-30-2013 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached. Socule Unisex hair Salan LiLec (Enter Name of Florida Limited Liability Company)	Articles of Organization:
4. If not effective on the date of filing, enter the effective date: $O(4-3D-/\lambda)$ (The effective date: Cannot be prior to date of receipt or filed date nor more that 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 document's effective date on the Department of State's records.	
5. The plan of conversion has been approved in accordance with all applicable status	tes.
6. The "Converted or Other Business Entity" has agreed to pay any members having ap which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	praisal rights the amount to

Signed this 19th day of Sphon,	bu- 20_18
Signature of Authorized Representative of	Limited Liability Company:
Signature of Authorized Representative: \ Printed Name: BriGille To Seph	Title: HanaGer
Signature(s) on behalf of Other Business En	` \
Signature: July Printed Name: Johonne Vi Tal	
Printed Name: Johanne Vi Tal	Title: ManaGer
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	Title:
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Direct If Directors or Officers have not been selected.	
If Florida General Partnership or Limited I Signature of one General Partner.	Liability Partnership:
If Florida Limited Partnership or Limited 1 Signatures of ALL General Partners.	Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	

\$25.00

\$125.00

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

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

20

¢

) AN ID: 36

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

So Cute Unisex hair Solen !- L. C. (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
497 NE 167th st Mani FL 33162	HIGN: FL 3316B	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the reg	gistered agent are:	
Name (gitte Joseph = 3	
245 NW 119 S Fiorida street address (P.O. 1	Box NOT acceptable)	
High. City	FL 33168 Zip	
liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe		

ARTI		E	137
AKI	.	.r.	I V -

. 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	0.5/1 - //
<u>MGR</u>	Brigitte Joseph
	-245 -NW -/1146 -
	Mam + - 32.160
_MGR	Johanne Vital
	4415 28th AVE
	Vero Beach, F1 32967
	
(Use attachment if necessary)	:
(Ose utueliniem ii neecistary)	
DWIGI E.V. O.L.	
RTICLE V: Other provisions, if any. I. Brighte Joseph I Wow	eld live to not you Vital
	inisex hair Salon III and
Modify The Corporation to	
REQUIRED SIGNATURE:	
RECORED SIGNATURE.	
a supply (
	authorized representative of a member h section 605.0203 (1) (b). Florida Statutes. I am aware that
any false information submitted in a documen	it to the Department of State constitutes a third degree felony
as provided for in s.817.155. F.S.	
KriGitte Joseph	
Турес	for printed name of signee Filing Fees
\$125.00 Filing Fee for Articles of C	Printing rees Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)	