119000 286272

(Requestor's Name)
(Address)
(
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
0.05.10
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Character of thing amount

Office Use Only



700336715157

11/18/19--01023--011 **155.00

TIVISION OF CERFORATIONS

C RICO NOV 18 2019

COVER LETTER

TO: New Filing Sec Division of Co.					
SUBJECT:	GEAN (Name of Res	BEAUTY S	SALOW	LLC	
	(Name of Res	ulting Florida Limited (Company)		
The enclosed Articles Business Entity" into a		_			
Please return all corres	pondence concerning	g this matter to:			
	dine Citti				
	(Contact Person) BEAUTY SA (Firm/Company)				ಲ
	BEAUTY SA	HON			19 NOV 18
	(Firm/Company)				AOP LOS
2067 NE	1635T				8 c
	(Address)				F CREE
NORTH MIGH	i Baach FL ty, State and Zip Code)	33162			
(Ci	ty. State and Zip Code)		•		ار الله الله الله الله الله الله الله ال
Gean Sq E-mail Address: (to be	ilon @ gmail. W used for future annual re	port notifications)			
For further information	n concerning this mat	tter, please call:			
<u>Geraldine</u> Wame of Contact	Person)	_at (<u>786</u>) ((Area Code) (270 63 Daytime Teleph	3 6 9 none Number)	
Enclosed is a check for dollars and drawn on a	r the following amou	nt: (All checks prod			e payable in US
(\$25 for Conversion	☑\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fee and Certified Copy	Certified	0 Filing Fees. Copy, and e of Status	
STREET ADDRESS:	:	MAILING	G ADDRESS	S:	
New Filing Section		New Filin	-		
Division of Corporatio Clifton Building	ns	Division o P. O. Box	f Corporation	ns	

Tallahassee, FL 32314

2661 Executive Center Circle

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: $CEAN BEAUTY SAUDN CUD P/4 00009 X0 XU$			
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a CONPORATION (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.			
First organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)			
on 06/04/2019 (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:			
GEAN BEAUTY SALON 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			

Signed this 12 day of NOTOTER 20 19.				
Signature of Authorized Representative of Limited Liability Company:				
Signature of Authorized Representative;				
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]				
Signature: 5 laits Printed Name: 9 Adin Cth Title: President				
Signature: Title:				
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.				
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.				
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.				
All others: Signature of an authorized person.				
Fees:				
Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00 Certified Copy: \$30.00 (Optional) Certificate of Status: \$5.00 (Optional)				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(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 L	Liability Company is:
Principal Office Address: Mailing Address:	
2067 NE 163 ST 2067 NE 163 ST NONTH MIANI BEACH, FL NORTH WIANI B 33 16 2	EACH, Fr
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indibusiness entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	's Signature: vidual or another
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indibusiness entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Old direction	's Signature: vidual or another 19 HOV 18
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indibusiness entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	's Signature: vidual or another 19 HOV

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, I hereby 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:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = ManagerMANAGER	Gealdine att. 2007 NE 1635T, NORTH MINIMI BEACH, FL 33162
AMBR	Carlos Dominguez 3701 country club Or unit 605,
	Aremuz, FL 33180
AMBR	Productora de Abrasiros, C.A. Bona Industrial Soco Calle el paroce la historia Edo. Araqua. Venervela
(Use attachment if necessary)	
RTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	1dalti
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
<u>Beraldin</u>	ed 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)