L2000015070

(Re	equestor'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:			
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M SIMMONS
NAY 11 2020



COVER LETTER

TO: New Filing Section				
Division of Corporations				
SUBJECT: Marie (Mulle Company) (Name of Resulting Florida Limited Company)				
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.				
Please return all correspondence concerning this matter to:				
Harifline Haustin (Contact Person) Lake Cosmotics LLC (Firm/Company) 5148 ALLVOYA Lake Curcle (Address)				
City, State and Zip Code) Mareline of Mas Oyalow Com E-mail Address: (to be used for future annual report notifications)				
For further information concerning this matter, please call: Area Code 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)				
\$\sum_{\text{\$150.00 Filing Fees}} \text{\$\sum_{\text{\$155.00 Filing Fees}} \text{\$\sum_{\text{\$185.00 Filing Fees}} \t				
Mailing Address: New Filing Section New Filing Section				

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

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:    The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:    Conversion   Conve
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Marieline Uniquee Cos metics Inco</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of TLordo. US.  (Enter state, or if a non-U.S. entity, the name of the country)
on August 10, 2019 - P1900064314  (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Harieline Unique Cosmetics LLC.  (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: \(\sum \mathcal{G}\), \(\sum \mathcal{G}\) \(\sum \mathcal{G}\) (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.

M SIMMONS MAY 1 1 2020

Signed this 8th day of Nay	20 <u>&amp;&amp;</u> .			
Signature of Authorized Representative of Limited Liability Company:				
<u> </u>	-A-			
Signature of Authorized Representative: CMI Printed Name: LAKIFUME FUSTING				
Printed Name: Uakifline Faustino	_ Title: Trestant ( ou nex)			
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]				
( D. A	1 8 (7)			
Signature:				
Signature: Start Line Fausty	Title: Markond ( (Signor)			
Signature:	_			
Signature:Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature:				
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
Fillited Name.				
Signature:				
Printed Name:	Title:			
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	ty 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.				
organization and administrate persons				
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:		
Marielne Unique Cognetics Le.  (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
5148 Auroro Lake Circle greenacros El 33163	5148 Aurora Lake circle greenacres F1 33463	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)		
The name and the Florida street address of the results of the resu	Faustin	
5148 Aurdra Florida street address (P.O.	Box NOT acceptable)	
Greenacres	FL 33463 Zip	
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg	accept service of process for the above stated limited this certificate. I hereby accept the appointment as ity. I further agree to comply with the provisions of alverformance of my duties, and I am familiar with and isstered agent as provided for in Chapter 605, F.S	
Registered Agent's Sign	ature (KEQUIKED)	

(CONTINUED)

Company: Title:	Name and Address:
"AMBR" = Authorized Member	Name and Address:
MGR" = Manager	SILB ALLYDIA LAKO CIVILE Greenacres FI 33463
<del></del>	<del></del>
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	
RONE	
REQUIRED SIGNATURES	-
This document is executed in accordance v	n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that cent to the Department of State constitutes a third degree felony
Harreline Frustin	ed or printed name of signee

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

**ARTICLE IV-**

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)

### State of Florida Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of MARIELINE UNIQUE COSMETICS INC., a Florida corporation, filed electronically on August 12, 2019 effective August 10, 2019, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this corporation is P19000064314.

Authentication Code: 190816150940-500332691305#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Sixteenth day of August, 2019

## **Electronic Articles of Incorporation For**

P19000064314 FILED August 12, 2019 Sec. Of State dlokeefe

MARIELINE UNIQUE COSMETICS INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

### Article I

The name of the corporation is:

MARIELINE UNIQUE COSMETICS INC.

#### Article II

The principal place of business address: 5148 AURORA LAKE CIR

GREENACRES, FL. US 33463

The mailing address of the corporation is:

5148 AURORA LAKE CIR GREENACRES, FL. US 33463

### **Article III**

The purpose for which this corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

### **Article IV**

The number of shares the corporation is authorized to issue is: 100

### Article V

The name and Florida street address of the registered agent is:

MARIELINE FAUSTIN 5148 AURORA LAKE CIR GREENACRES, FL. 33463

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: MARIELINE FAUSTIN