# L200 0039 3476

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





000353338970

10/08/20--01006--027 \*\*128.75

12/23/20--01008--001 \*\*22.25

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D O'KEEFE
DEC 23 2020

W2-125625



October 29, 2020

SLOANE ELIZABETH CHMARA 1901 BAY RD. #503 MIAMI BEACH, FL 33139

SUBJECT: SLOANE ELIZABETH LLC

Ref. Number: W20000125625

We have received your document for SLOANE ELIZABETH LLC and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 720A00021633

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#### **COVER LETTER**

TO: New Filing So Division of Co			
SUBJECT:	Some El		LIC
	(Name of Res	ulting Florida Limit	ted Company)
			ion, and fees are submitted to convert an "Other y" in accordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
Sloar	ne Chmara	<u>~</u>	_
Slean	(Contact Person)  (Contact Person)  (Firm/Company)  Ray Rd H  (Address)  Peuch KL  City, State and Zip Code)	huc	_
<u> </u>	Bay Rd #	503	_
Migmi	Seath Th	33139	_
Viello Co Dio	ane - elita e used for future annual rep	60h.co	m
For further information	on concerning this mat	tter, please call:	
Sto ane (Name of Conta	Chmara ct Person)	_at ( <u>310</u> (Area Code)	) 995 4100 ) (Daytime Telephone Number)
	or the following amou a bank located in the l		processed by this office must 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	
Mailing Addi			Street Address:
New Filing Se			New Filing Section
Division of C P.O. Box 632	•		Division of Corporations The Centre of Tallahassee
r.O. Box 032	1		The Centre of Tananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## **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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (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 10 26 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:
Slyane Elizabeth LLC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 12 31 2020
(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.
20 DEC 23 AP

·Signed this 16 day of December	20 20 .			
Signature of Authorized Representative of Limi	ted Liability Company:			
Signature of Authorized Representative: M Printed Name: Stane Chnara				
		-		
Signature(s) on behalf of Other Business Entity:				
Signature: Stoave Chmara	Title: <u>CEO</u>	<u>.</u> -		
Signature:				
Signature: Printed Name:	_ Title:	-		
Signature:		_		
Signature:Printed Name:	_ Title:	-		
Signature:Printed Name:	Tr. 1	-		
Signature:Printed Name:	Title:	-		
Signature:Printed Name:	Title:	- -		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer.			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:			
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	:	20	
All others: Signature of an authorized person.			20 DEC 23 AH 9: 3	
Fees:			ÁН	•
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	YOY.	9: 31	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	::		
Sloane Elizabeta (Must contain the words "Limited Liabil	L LLC	C "or "H C ")	
ARTICLE II - Address: The mailing address and street address of the p			Liability Company is:
Principal Office Address:	Mailing A	ddress:	
1901 Bay Rd #503 hiami Brach, FL 33139	1901 Ma	Bay &	1 #503 N.C. FL
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)			
The name and the Florida street address of the	registered age	nt are:	
Sloane C	hman		
Nan	ne		
Sloane C Nan 1901 Buy Rd	#503		
Florida street address (P.			
<u> Himi Bead</u> City	<u>FL</u>	37139	
City		Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as ref	in this certifica ecity. I further o performance o	te. I hereby acco agree to comply of my duties, and	ept the appointment as with the provisions of all d I am familiar with and
		<u>.</u>	*****
Registered ∠ Gent`s Sig		JIRED)	20 DEC 23 AM 9

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Α	к			C		r.	- 1	•	_

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

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Member	
MGR" = Manager	Soone Chimara
	1101 Buy 2-d #1503
	Miami Beach, PL 3313
	20
	<u> </u>
	<u></u>
Use attachment if necessary)	
E V: Other provisions, if any.	——————————————————————————————————————
·	
SCAUMEN CLONATURE	
REQUIRED SIGNATURE:	$\wedge$
	MICA.
Signature of a member or	an authorized representative of a member
This document is executed in accordance any false information submitted in a docu as provided for in \$.817.155, F.S.	with section 605.0203 (1) (b). Florida Statutes, I am award ment to the Department of State constitutes a third degree t
	Joane Chmara_ ped or printed name of signee
Ty	/ped or printed name of signee  Filing Fees

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)