# 121000321389

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Office Use Only			



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W21000079283



### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

June 2, 2021

QUNISHA LYNN GRAY LUX LABEL BEAUTIQUE LLC 8160 CLEARY BLVD UNIT 1604 PLANTATION, FL 33324

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SUBJECT: LUX LABEL BEAUTIQUE LLC V Ref. Number: W21000079283

We have received your document for LUX LABEL BEAUTIQUE LLC and your check(s) totaling \$155.00. 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

Rec. 6/14/21 Nec. 7 What mame igue HC What make Beautique Lux Label Beautique biz.orson www.sunbiz.org

### **COVER LETTER**

### **TO:** New Filing Section Division of Corporations

SUBJECT: LUX Label Beauting 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:

Winisha Lynn Gray (Contact Person) Lux Label Beautique 8160 Cleary BIVD Apt 1604 (City, State and Zip Code) E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

(Name of Contact Person) at (347) (635-2325 (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)

\$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

**XS**155.00 Filing Fees and Certificate of Status **\$180.00** Filing Fees and Certified Copy

**\$185.00** Filing Fees. Certified Copy. and Certificate of Status

### Mailing Address:

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### **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 Conv	ersion is:
	Tripl3 (rawn LLC	

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Limit-cd Liability COMPCNY (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of <u>NOTH</u> <u>CAVULNA</u> (Enter state, or if a non-U.S. entity, the name of the country)

on  $\frac{2}{(date of organization, formation or incorporation)}$ .

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: HIMD 5 1 2021 (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.

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Signed this $\underline{\&}$ day of $\underline{]} \cup \cap e$	20 (2)		
Signature of Authorized Representative of Limi			
Signature of Authorized Representative: Printed Name: (XUNISHG LYAA Gray	Title: Wher / AR		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	ł	
Signature: Printed Name:Sha ynn Gray	Title: Uwner AP		
Signature: Printed Name:	· · · · · · · · · · · · · · · · · · ·	_	
Printed Name:	Title:		
Signature:Printed Name:	<u></u>		
Printed Name:	Title:		
Signature: Printed Name:	·····		
Printed Name:		_	
Signature:Printed Name:			
Printed Name:		<del></del>	
Signature: Printed Name:			
Printed Name:	Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or O If Directors or Officers have not been selected, an Inc			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:		21 JUN
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:		
<u>All others:</u> Signature of an authorized person.			EC PHI2: 43
Fees:			
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

<u>abel</u> <u>BeauHaue</u> <u>LLC</u> ist contain the worus "Limited Liability Company, "L.L.C.

### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

<u>Principal Office Address:</u> <u>Mailin</u> <u>8160 Cleary blvd Apt 1601</u> <u>Stlac</u> Plantation FL 33324 Man

### Mailing Address:



### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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



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)

 $\langle \rangle$ JUN 14 FH 12:

### **ARTICLE IV-**

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

### Title:

.

"AMBR" = Authorized Member "MGR" = Manager

.

Name and Address:

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(Use attachment if necessary)

**ARTICLE V:** Other provisions, if any. -: ; <u>.</u> ŝ 3 **REQUIRED SIGNATURE: F** 

### Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817,155, F.S.

GUNSHA LYNN Gray Typed 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)



# CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

# TRIPL3 CROWN, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 25th day of April, 2018

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

Certification# 109396401-1\_Reference# 17008085-\_Page: 1 of 1\_ Verify this certificate online at https://www.sosne.gov/verification IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 16th day of March, 2021.

Elaine I. Marshall

Secretary of State