

L21000410456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

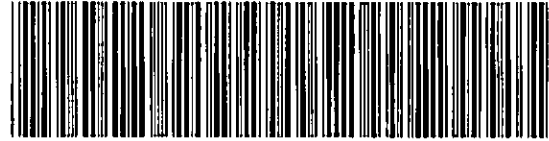
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800372189738

09/15/21--01021--002 **155.00

FILED
2021 SEP 15 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FL



Support@flpatellaw.com
Tel: 727.279.5037
Fax: 727.888.1294

360 Central Avenue
Suite 800
Saint Petersburg, Florida 33701

September 10, 2021

Sent via First Class Mail
New Filing Section
Division of Corporation
The Centre of Tallahassee
2415 North Monroe Street
Suite 810
Tallahassee, FL 32303

RE: Latitude Cosmetics, LLC

Dear Secretary of State,

Enclosed are the (i) Certificate of Conversion for "Other Business Entity" into a Florida Limited Liability Company, (ii) the Articles of Organization for Latitude Cosmetics, LLC, and (iii) check #1366 totaling \$155 for the filing fees and Certificate of Status.

If there are any issues, please contact:

Name:	Ada Reyes
Firm:	FL Patel Law PLLC
Address:	360 Central Avenue, STE 800
City, State & Zip:	St. Petersburg, FL 33701
Phone:	727-279-5037
E-mail:	<u>Support@flpatellaw.com</u>

Very Truly,

Ada Reyes
Corporate Paralegal & Support

CERTIFICATE OF CONVERSION

FOR

"OTHER BUSINESS ENTITY"

INTO

FLORIDA LIMITED LIABILITY COMPANY

FILED

2021 SEP 15 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FL

This Certificate 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 § 605.1045 Fla. Stat. (2020).

1. The name of the "Other Business Entity" immediately prior to the filing of this Articles of Conversion is: Latitude Cosmetics, LLC.
2. The "Other Business Entity" is a Limited Liability Company first organized under the laws of the State of Michigan.
3. The "Other Business Entity" was formed on July 9, 2019.
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is: Latitude Cosmetics, LLC.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. This document becomes effective when the document is accepted and filed by Secretary of State.

Signed this August 25, 2021.

Signature of the Authorized Representative of the Limited Liability Company:

Signature: Robin DeCaro
Robin DeCaro, Manager

Required Signatures on behalf of the Other Business Entity:

Signature: Christopher DeCaro
Christopher Michael DeCaro, Member

FILED

2021 SEP 15 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION

FOR

**LATITUDE COSMETICS, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I.

Name

The name of the Limited Liability Company is: Latitude Cosmetics, LLC (the "Company").

ARTICLE II.

Address

The principal office and mailing address of the Company is:

164 Ferndale Way
St. Augustine, Florida 32092

ARTICLE III.

Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

Robin DeCaro
164 Ferndale Way
St. Augustine, Florida 32092

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.

Robin DeCaro (sign)
Robin DeCaro

(Continued)

ARTICLE IV.
Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Robin DeCaro 164 Ferndale Way St. Augustine, Florida 32092

ARTICLE V.

The Effective date shall be the date of filing.

Robin DeCaro

(sign)

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.

Robin DeCaro
Authorized Representative/Member

SECRETARY OF STATE
TALLAHASSEE, FL

2021 SEP 15 PM12:03

FILED