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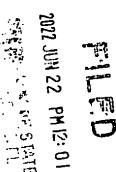
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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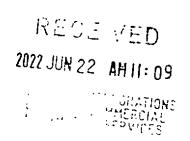
## **COVER LETTER**

<b>TO:</b> New Filing So Division of Co				
	•	I.C.		
SUBJECT: STUDIO	(Name of Res	ulting Florida Limit	ed Con	npany)
		_		d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	spondence concernin	g this matter to:		
Marly Magalhaes				
	(Contact Person)			
Vitrine Corp.				
	(Firm/Company)			
830 NW 156 Ave				
	(Address)			
Pembroke Pines, FL 33				
marly.rmagalhaes@gm	City, State and Zip Code)			
E-mail Address: (to be	e used for future annual re	port notifications)		
For further information	on concerning this ma	tter, please call:		
Marly Magalhaes		954	673-1	974
(Name of Conta	et Person)	(Area Code)	(Day	time Telephone Number)
Enclosed is a cheek for dollars and drawn on		•	rocess	sed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Cop		O\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Addr	ess:		Street	Address:
New Filing Section				iling Section
Division of Corporations				on of Corporations
P.O. Box 6327			The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



June 6, 2022

MARLY MAGALHAES 830 NW 156 AVE PEMBROKE PINES, FL 33028

SUBJECT: MM CONSULTING, LLC Ref. Number: W22000074243

We have received your document for MM CONSULTING, LLC and your check(s) totaling \$150.00. However, the document has not been filed and is being retained in this office for the following:

The incorrect form was submitted to our office.

We are enclosing the proper form(s) with instructions for your convenience.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 322A00012580

www.sunbiz.org

#### •

#### **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: MM Consulting LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, et
First organized, formed or incorporated under the laws of
(Enter state, or it a non-ols, entry, the name of the country)
05/09/2017 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization
STUDIO VANESSA MORAES, 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 afte 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.

All others: Signature of an authorized person.

Signed this 14	day of <u>June</u>	202022
Signature of Autho	orized Representatiy	e of Limited Liability Company:
		E20D3SAA18A486 Title: Manager
Signature(s) on behing the Signature:	alf of Other Business	s Entity:  See below for required signature(s)
Printed Names Manes	sa Moraes de A. Morelato	Title: Manager
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:	_	Title:
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		Title:
Printed Name:		Title:
	an, Vice Chairman, Di	irector, or Officer. cted, an Incorporator must sign.
If Florida General I Signature of one Gen		ed Liability Partnership:
If Florida Limited F Signatures of ALL G		ed Liability Limited Partnership:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Compan	y is:				
STUDIO VANESSA MORAES, LLC					
(Must contain the words "Limited L	iability Company, "L.L.C.," or "LLC,")				
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
5250 NW 84th Ave, Apt. 513	5250 NW 84th Ave, Apt. 513				
Doral, FL 33166	Doral, FL 33166				
business entity with an active Florida registration.)  The name and the Florida street address of  Marly Magalhaes	Registered Agent. You must designate an individual or another the registered agent are:				
830 NW 156 Ave					
-	(P.O. Box NOT acceptable)				
Pembroke Pines	FL <sup>33028</sup>				
City	Zip				
liability company at the place designat registered agent and agree to act in this constantes relating to the proper and compaccept the obligations of my position and Registered Agent's	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of above performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S ignature (REQUIRED)				

#### ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Vanessa Moraes de A. Morelato
	5250 NW 84th Ave. Apt. 513
	Doral, FL 33166
	<u> </u>
	<b>20</b>
(Use attachment if necessary)	22
(Obe attachment in necessary)	
	i and an
RTICLE V: Other provisions, if any.	PMI2: 0
A	· # 2
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE.	
	a on anthonional commonweative of a manufact
This document is executed in accordan	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am aware that
	cument to the Department of State constitutes a third degree felony
as provided for in s.817.155, F.S.	
Manaha Manan III	
Marty Magallhaes	
1	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)