# Laa000418350

	(Requestor's Name)	
	(Address )	
	(Address)	
-	(Address)	
	(City/State/Zip/Phone #)	<u> </u>
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	<del></del>
Certified Copies	Certificates of S	tatus
Special Instructions to	Filing Officer:	<del></del>
		:
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2022 SEP 27 AM II: 25

DIVISION OF CONCURATION

22 SEP 27 PM 3: 3:

### **COVER LETTER**

TO: New Filing S Division of C						
SUBJECT: Posh Mo	odels LLC					
	(Name of Res	ulting F	lorida Limi	ted Con	npany)	
			-	-	d fees are submitted to convectordance with s. 605.1045, I	
Please return all corre	espondence concernin	g this r	natter to:			
Ashley M. Fay, Esq.						
	(Contact Person)		<u></u>	-		
Schenck, Price, Smith	& King IIP					DIV 22
CONCINCE TINC. OFFICE	(Firm/Company)			-		DIVISION 22 SEP
220 Park Avenue						1516% of 6
220 Falk Aveilue	(Address)			-		7
	·					<b>- 3</b>
Florham Park, NJ 0793	32			-		PH 3: 21
((	City, State and Zip Code)					21
amf@spsk.com				_		$\overline{G}_{i}$
E-mail Address: (to b	e used for future annual re	port noti	ifications)			
For further information	on concerning this ma	tter, ple	ease call:			
Ashley M. Fay, Esq.		at (	973	) 539-	1000	
(Name of Conta	ect Person)		Area Code	(Day	time Telephone Number)	
	or the following amou a bank located in the	•		process	sed by this office must be pay	able in US
□ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status		80.00 Filing ertified Cop		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Addi New Filing Se					Address:	
Division of C					Filing Section ion of Co <del>rp</del> orations	
P.O. Box 632					Centre of Tallahassee	
Tallahassee, F	FL 32314			2415	N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

Finding: 830 538-1300
ACCOUNT NO. : 12000000195
REFERENCE : 974044 8356569
AUTHORIZATION :
COST LIMIT : 5-150700
ORDER DATE: September 26 2022
ORDER DATE: September 26, 2022 1
ORDER TIME : 10:24 AM
ORDER NO. : 974044-015
CUSTOMER NO: 8356569
DOMESTIC AMENDMENT FILING
NAME: POSH MODELS LLC
EFFECTIVE DATE:  22 SFP
ARTICLES OF AMENDMENT/CONVERSION RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Eyliena Baker EXT#

EXAMINER'S INITIALS:

# **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 Posh Models LLC	of Conversion is:
(Enter Name of Other Business Entity)	22
2. The "Other Business Entity" is a limited liability company	DIVISION 22 SEF
(Enter entity type. Example: corporation, limited partnership, general partnership, common	law or business trust letb
First organized, formed or incorporated under the laws of New Jersey	<u></u>
(Enter state, or if a non-U.S. entity, the na	ame of the country)
on April 26, 2013	程6
(date of organization, formation or incorporation)	<i>हिं</i>
3. The name of the Florida Limited Liability Company as set forth in the <b>attached Article</b> Posh Models LLC  (Enter Name of Florida Limited Liability Company)	C
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 after
the date this document is filed by the Florida Department of State.)	•
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	will not be listed as the
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	I rights the amount to

which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.

Signed this 26th day of September	_ 20 <u>_ 22</u>
Signature of Authorized Representative of Limite	ed Liability Company:
Signature of Authorized Representative: Jairo Arias	Arias Title: Member
Signature(s) on behalf of Other Business Entity: [S	
Signature: Jairo Arias Printed Name: Jairo Arias	
Printed Name: Jairo Arias	Title: Member
Signature: Printed Name:	Title:
Signature: Printed Name:	The state of the s
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature: Printed Name:	Title
Timicu Ivanic.	Titie,
Signature:	
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or O If Directors or Officers have not been selected, an Inco	
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Fees for Florida Articles of Organization: Certified Copy:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

DIWISION OF CONFORMING

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must contain the words "Limite  ARTICLE II - Address:	d Liability Company, "L.L.C.," or "LLC.")
	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
445 NE 69th Circle	445 NE 69th Circle
Boca Raton, FL 33487	Boca Raton, FL 33487
	istered Office, & Registered Agent's Signature on Registered Agent. You must designate an individual or another
	istered Office, & Registered Agent's Signature on Registered Agent. You must designate an individual or another of the registered agent are:
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)  The name and the Florida street address	istered Office, & Registered Agent's Signature on Registered Agent. You must designate an individual or another of the registered agent are:
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)  The name and the Florida street address	istered Office, & Registered Agent's Signature on Registered Agent. You must designate an individual or another of the registered agent are:
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)  The name and the Florida street address  Jairo Arias  445 NE 69th Circle	istered Office, & Registered Agent's Signature on Registered Agent. You must designate an individual or another of the registered agent are:
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)  The name and the Florida street address  Jairo Arias  445 NE 69th Circle	istered Office, & Registered Agent's Signature Symmetry Registered Agent. You must designate an individual or another 27 PH 3: Name

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..

Qairo Arias
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ART		137
ARI	 .Br.	- V

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

"AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager AMBR	Jairo Arias 445 NE 69th Circle			
	Boca Raton, FL 33487			
	2004 (1000), 1 2 00 101			
		<del></del>		
		<u>_</u> _		
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		22 S. —		
		SEP.		
	·	27		
(Use attachment if necessary)		PΗ		
		ယ္		
CLE V: Other provisions, if any.		PH 3: 32		
DEOLUBED CICNATURE				
REQUIRED SIGNATURE:				
Jairo Arias				
Signature of a member or	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aw			

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)