# L22000504541

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
,		





300397663393

SECRETARY OF STATE ALLAHASSEE, FLORIS

FILED

## **COVER LETTER**

Division of C	Corporations					
SUBJECT: BELLE	DESIGN LLC					
30b./f.C1		sulting Florida Li	mited Co	mpany)	_	
		-		nd fees are submitted to accordance with s. 605.		:r
Please return all corr	espondence concernin	g this matter to	):			
WALTER O. RIVAS						
	(Contact Person)					
	(Firm/Company)					
23380 CAROLWOOD	LANE 3101		_			
	(Address)					
BOCA RATON, FL 334	428					
(6	City, State and Zip Code)					
verourquia@hotmail.co	om					
E-mail Address: (to b	e used for future annual re	port notifications	)			
For further informati	on concerning this ma	tter, please cal	l:		22 NOV 18 SECRE JAR TALLAHASS	
VERONICA URQUIA		at ( <sup>561</sup>	,866-	5592	CRE	TE
(Name of Conta		(Area Co		ytime Telephone Number)	- AS	
Enclosed is a check to dollars and drawn on	or the following amou	int: (All check: United States)	s proces	sed by this office must	be payable in S	רכ
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fili and Certified C	_	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status	JRID?	
Mailing Add				t Address:		
New Filing S				Filing Section		
Division of C P.O. Box 632				iion of Corporations Centre of Tallahassee		
1.O. DOX 032	. /		THU	benne of Tallallassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

**TO:** New Filing Section

### **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: BELLE DESIGN INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(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, of it a non-old, the name of the country)
04/12/2005
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
BELLE DESIGN 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 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 affective 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 mount to which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.

40000

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must contain the we	rds "Limited Liability C	ompany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street :	address of the prin	cipal office of the Limit	ed Liability Company is:
Principal Office Address:		Mailing Address:	
23380 CAROLWOOD LANE 3101		23380 CAROLWOOD LAI	NE 3101
BOCA RATON. FL 33428	· 	BOCA RATON, FL 33428	
business entity with an active Florida reg The name and the Florida street WALTER RIV	address of the reg	istered agent are:	
WALTERRIN	Name		
3380 CAROL	.WOOD LANE 3101		
Florida stre	et address (P.O. E	lox <u>NOT</u> acceptable)	
BOCA RATO	N	FL <sup>33428</sup>	
	City	Zip	22 SE TAL
Having been named as registed liability company at the place registered agent and agree to a statutes relating to the proper accept the obligations of necessity.	ice designated in th act in this capacity r and complete per	is certificate. I hereby a I further agree to comi	ecept the appointment as oly with theoprovisions of a and I am familian with and

(CONTINUED)

Signed this 10TH day of NOVEMBER	
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:Printed Name: WALTER RIVAS	Title: P
Signature(s) on behalf of Other Business Entity:	
Signature: WALTER O. RIVAS	
Printed Name: WALTER O. RIVAS	Title: P
Signature: Vilven (al)	
Printed Name: VERONICA URQUIA	Title: <u>S</u>
Call Prom	
Printed Name: CATALINA RIVAS URQUIA	Title: S
Signature:Printed Name:	Title:
Signature:Printed Name:	Tida
rimeu Name.	The.
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In-	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
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)

WALTER RIVAS

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

Title:	Name and Address:
"AMBR" = Authorized Membe	er
"MGR" = Manager	
MGR	WALTER RIVAS
	3380 CAROLWOOD LANE 3101
	BOCA RATON, FL 33428
MGR	VERONICA URQUIA
	3380 CAROLWOOD LANE 3101
	BOCA RATON, FL 33428
MGR	NEI JUNIOR RIVAS URQUIA
	3380 CAROLWOOD LANE 3101
	BOCA RATON, FL 33428
(Use attachment if necessary)	
(200 0000000000000000000000000000000000	
ICLE V: Other provisions, if any.	
<del></del> -	
REQUIRED SIGNATURE:	
i D.A.	7° 2
`	SEGRET TALLAH
Signature of a member	er or an authorized representative of a member <b>? 🛼 👚</b>
This document is executed in acco	rdance with section 605,0203 (1) (b). Florida Statutes, I am a vore that
any false information submitted in a	a document to the Department of State constitutes a third degree felony

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)