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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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W22-129908



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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 14, 2022

SHEEREDA ALEXANDER MINXX KOUTURE LLC 3706 BESS ROAD JACKSONVILLE, FL 32277

SUBJECT: MINXX KOUTURE LLC Ref. Number: W22000129908

We have received your document for MINXX KOUTURE LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the marked sections in the Articles of Conversion. A signature(s) is missing.

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

Letter Number: 922A00023063

2022 NOV 15 PM 1: 22

www.sunbiz.org

COVER LETTER

TO:	New Filing S Division of C				
CUDI	ECT: Minxx Ko	•			
SUBJ	EC1:	(Name of Res	sulting Florida Limi	ted Con	пралу)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corre	espondence concernin	g this matter to:		
Sheere	eda Alexander				
		(Contact Person)		-	
Minxx I	Kouture LLC			_	
		(Firm/Company)		-	
3706 B	ess Road				
		(Address)	-	,	
Jackso	nville, FL 32277				
-	((City, State and Zip Code)		-	
alexan	dersheereda@g	mail.com			
E-m	ail Address: (to b	e used for future annual re	port notifications)		
For fu	ther information	on concerning this ma	tter, please call:		
Sheere	da Alexander		at (³³⁴)559-2	2726
	(Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)
		or the following amou a bank located in the		rocess	sed by this office must be payable in US
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
New Filing Section Division of Corporations P.O. Box 6327		New I Divisi The C	Address: Filing Section on of Corporations Jentre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

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:

Mixx Kouture LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
7/20/20 on
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Minxx Kouture 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 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.

Signed this 20 day of April	20	
Signature of Authorized Representative	ve of Limited Liability Company:	
Signature of Authorized Representative Printed Name: Sheereda Alexander Sunor	Herchald Sheened	Hugadu Shee
T .	s Entity: See below for required signature	
Signature: Signature: Sheereda	Shickede Texandertilepprosident	= &
	('	
Printed Name:	Title:	
Signature:Printed Name:	7'itle:	
Printed Name:	Title:	<u> </u>
Signature:	Title:	
Printed Name:	Title:	
Signature:	Tr. 1	
Printed Name:	Title:	
<u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Di	irector, or Officer	
If Directors or Officers have not been selec		
If Florida General Partnership or Limite Signature of one General Partner.	ed Liability Partnership:	
If Florida Limited Partnership or Limite Signatures of ALL General Partners.	ed Liability Limited Partnership:	
All others: Signature of an authorized person.		

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees:

Articles of Conversion:

Certified Copy:

Certificate of Status:

Fees for Florida Articles of Organization:

2022 NOV 15 PM 1: 2

ARTICLES OF ORGANIZATION FOR ARTICLE I - Name:	TLORIDA LIMITED LIAD	ILITY CO	VIPAN	ΝΥ
The name of the Limited Liability Company	is:			
Minxx Kouture LLC				
(Must contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited	Liability Co	ompan	y is:
Principal Office Address:	Mailing Address:			
3706 Bess Road Jacksonville, FL 32277	3706 Bess Road Jacksonville, FL 32277			
Jacksonville, FE 32277	Jacksonville, FL 32211			
ARTICLE III - Registered Agent, Registe. The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the	egistered Agent, You must designate an in			
Sheereda Alexander				
- · · · · · · · · · · · · · · · · · · ·	ame			
3706 Bess Road				
Florida street address (P	P.O. Box NOT acceptable)			
Jacksonville	FL 32277			
City	Zip			
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as	d in this certificate, I hereby acce pacity. I further agree to comply te performance of my duties, and	ept the appoi with the pro l I am familid	ntment visions ar with	as of all and
Rogistered Agent's S	ignature (REQUIRED)		2022 N	
(CONT	INUED)	AHASSI KUTURTA	NOV 15 PM 1:22	

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager MGR Sheereda Alexander 3706 Bess Road Jacksonville, FL 32277 (Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE: 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 the any false information submitted in a document to the Department of State constitutes a third degree felo as provided for in s.817.155, F.S.	Title:	Name and Address:
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	This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware

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)