

(Reque	estor's Name)	
(Addre	ss)	
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PICK-UP	WAIT	MAIL
(Busin	ess Entity Na	me)
(Docur	nent Number)
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Special Instructions to Filin	ng Officer:	





01.17/20--01000-015 ••18/1.00







COVER LETTER

TO:	New Filing S	ection			1
	Division of C	Corporations			
SUB.	JECT: Allure Co	oncepts LLC			
			sulting Florida Limi	ted Cor	mpany)
			~		nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
Dario	Salto				
		(Contact Person)		-	
Allure	Concepts LLC				
		(Firm/Company)		_	
22599	9 SW 65th Avenu	e			
	<u>.</u>	(Address)		_	
Boca	Raton, FL 33428	.			
		City, State and Zip Code)		_	
info@	allureshadeconc	•			
E-r	mail Address: (to b	e used for future annual re	port notifications)	-	
For fu	irther informati	on concerning this ma	tter, please call:		
Dario	Salto		_at (⁵⁶¹	672-	4558
	(Name of Conta	ict Person)) (Day	ytime Telephone Number)
		or the following amou a bank located in the	•	oroces:	sed by this office must be payable in US
(\$25 fc & \$125	50.00 Filing Fees or Conversion 5 for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Cop		S185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing So Division of C P.O. Box 632	ection orporations		New Divis	t Address: Filing Section ion of Corporations Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



February 1, 2023

DARIO SALTO 22599 SW 65TH AVE BOCA RATON, FL 33428

SUBJECT: ALLURE CONCEPTS LLC

Ref. Number: W23000013319

We have received your document for ALLURE CONCEPTS LLC and your check(s) totaling \$185.00. However, the document has not been filed and is being retained in this office for the following:

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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: 523A00002387

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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.

(Enter Name of Other Business Entity)	· · · · · · · · · · · · · · · · · · ·
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, ge	neral partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of	or if a non-U.S. entity, the name of the country)
(Enter state, o	or if a non-U.S. entity, the name of the country)
2/1/2021 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:
Allure Concepts LLC	
Andre Concepts LLC	
(Enter Name of Florida Limited Liability Company	
(Enter Name of Florida Limited Liability Company	•
(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 d	2023 ate nor more than 90 calendar days after
(Enter Name of Florida Limited Liability Company 4. If not effective on the date of filing, enter the effective date:	2023 ate nor more than 90 calendar days after ate.)
(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 d the date this document is filed by the Florida Department of St Note: If the date inserted in this block does not meet the applicable statutory filing.	ate nor more than 90 calendar days after ate.) ng requirements, this date will not be listed as the

Signed this <u>6</u>	day of January	20 <u>23</u>
	Authorized Representative of Li	
Signature of Printed Name	Authorized Representative:	Title: AMBR
Signature(s)	on behalf of Other Business Entity	: [See below for required signature(s)]
Signature	Dario Salto	
Printed Name	Dario Salto	Title: Officer
Signature:		
Printed Name	· · · · · · · · · · · · · · · · · · ·	Title:
Signature:		
Printed Name	::	Title:
Signature: Printed Name	×	Title:
Ci		
Printed Name	::	Title:
Signature:		
Printed Name	:	Title:
	orporation: Chairman, Vice Chairman, Director, or or Officers have not been selected, an	
	eneral Partnership or Limited Liah one General Partner.	oility Partnership:
If Florida Lie	mitad Partnarchia ar Limitad Liah	ility I imited Dartnership.
	mited Partnership or Limited Liab ALL General Partners.	mity Limited Farthership.
All others: Signature of a	n authorized person.	
Fees:		
Fees t Certit	les of Conversion: for Florida Articles of Organization fed Copy: fcate of Status:	\$25.00 : \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the L	me: .imited Liability Company is:		
Allure Concepts, LL	C ust contain the words "Limited Liability	/ Company, "L.L.C.," or "LLC.")
ARTICLE II - Ad The mailing addre	ddress: ss and street address of the pr	incipal office of the Limi	ited Liability Company is:
Principal Office	Address:	Mailing Address:	
22599 SW 65th Ave	enue	22599 SW 65th Avenue	
Boca Raton, FL 334		Boca Raton, FL 33428	
The name and the	Florida street address of the re Shari Sanchez		
	Name		
	22599 SW 65th Avenue		
	Florida street address (P.O.	Box NOT acceptable)	
	Boca Raton	FL 33428	
	City	Zip	
liability comp registered agent statutes relatin	med as registered agent and to pany at the place designated in and agree to act in this capacing to the proper and complete poligations of my position as reg	this certificate, I hereby of ty. I further agree to come erformance of my duties, istered agent as provided	accept the appointment as uply with the provisions of all and I am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

The second of the second

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

	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	Davis Cales
AMBR	Dario Salto
	22599 SW 65th Avenue
	Boca Raton, FL 33428
MGR	Shari Sanchez
	22599 SW 65th Avenue
	Boca Raton, FL 33428
<u> </u>	
(Use attachment if necessary)	
Use attachment if necessary)	
	<u> </u>
Use attachment if necessary) LE V: Other provisions, if any.	70707
LE V: Other provisions, if any.	
	2023
LE V: Other provisions, if any.	2023
LE V: Other provisions, if any.	2023
REQUIRED SIGNATURE:	
Signature of a member of This document is executed in accordan any false information submitted in a do as provided for in s.817.155, F.S.	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am awa scument to the Department of State constitutes a third degree
Signature of a member of This document is executed in accordan any false information submitted in a do as provided for in s.817.155, F.S.	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am awa scument to the Department of State constitutes a third degree
Signature of a member of This document is executed in accordan any false information submitted in a do as provided for in s.817.155, F.S. Dario Salto	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am awa

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)