# 23100116273

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

#### **COVER LETTER**

SUBJECT: Eye Love Skin and Braws ILC (Name of Resulting Florida Limited Company)  The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.  Please return all correspondence concerning this matter to:    Contact Person	TO: New Filing Section Division of Corporations	
Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.  Please return all correspondence concerning this matter to:    Contact Person	SOBSECT: CAL COST DIRECTLY DIVIDS	nited Company)
Contact Person		
For further information concerning this matter, please call:    Concerning the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)    Post Store   Street Address: (To be used for further annual report notifications)   Post Store   Status	Please return all correspondence concerning this matter to	):
For further information concerning this matter, please call:    Concerning the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)    Post Store   Street Address: (To be used for further annual report notifications)   Post Store   Status	Verena Each	<del></del>
City, State and Zip Code)    City, State and Zip Code   Comemon	Eye Lave Skin and Braws	_
City, State and Zip Code)  Velena Park D amou Com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Velena Code (Name of Contact Person)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  P-5150.00 Filing Fees (525 for Conversion and Certificate of Status of Organization)  Mailing Address:  New Filing Section  Division of Corporations  P.O. Box 6327  Position City, State and Zip Code)  Application (City, State and Zip Code)  Application (City)  A		
For further information concerning this matter, please call:    Viena	Salasofa FL 34243 (City, State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, please call:    Viena	Melena earle @ amoit com	
(Name of Contact Person)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  [3] \$150.00 Filing Fees   \$155.00 Filing Fees   \$180.00 Filing Fees   \$185.00 Filing Fees   \$185.00 Filing Fees   \$125 for Conversion   \$125 for Articles   \$125 for Articles	For further information concerning this matter, please cal	l: \$\frac{1}{2} \frac{1}{2} \frac{1}{2}
dollars and drawn on a bank located in the United States)	<u> </u>	<u>) 4f1-4668</u>
(\$25 for Conversion and Certificate of Status and Certified Copy and Certificate of Status and Certificate of Status and Certified Copy and Certificate of Status and Certificate of Status and Certified Copy and Certificate of Status and Certificate of Status and Certified Copy and Certificate of Status and Certified Copy and Certificate of Status and Certified Copy and Ce	Enclosed is a check for the following amount: (All checks dollars and drawn on a bank located in the United States)	s processed by this office must be payable in US
New Filing Section  Division of Corporations  P.O. Box 6327  New Filing Section  Division of Corporations  The Centre of Tallahassee	(\$25 for Conversion and Certificate of and Certified C & \$125 for Articles Status	Copy Certified Copy, and
	New Filing Section Division of Corporations P.O. Box 6327	New Filing Section Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

Tallahassee, FL 32314

## **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 Con- Eye Lave Skin and Brows LLC	version is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	siness trust, etc.)
First organized, formed or incorporated under the laws of 16 x 45	
(Enter state, or if a non-U.S. entity, the name of the	antry)
on Volember 01, 202 (date of organization, formation or incorporation)	FEB 23
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Or	rganization;
Eye Love Skin and Browsicc 32	1: 2:
(Enter Name of Florida Limited Liability Company)	$\omega$
4. If not effective on the date of filing, enter the effective date: Date of filing.	
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calenda	r 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 document's effective date on the Department of State's records.	
5. The plan of conversion has been emproved in accordance with all applicable statutes	

- 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 17th day of March	20 <u>_23</u> .
Signature of Authorized Representative of Limi	· ·
Signature of Authorized Representative:Printed Name:	Title: _Owner
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Name: Verena Earle	Title:Owner
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature: Printed Name:	
Signature:Printed Name:	
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00

Certified Copy: Certificate of Status: \$30.00 (Optional)

\$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Eye Love Skin and Brows (Must contain the words "Limited Lia)	
ARTICLE II - Address:	e principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
6515 S Tamiumi Trl Sarasotu, Fl. 34831	Gall Souver Loop Rd, Apt 6-302 Sarasota, Fl 34838
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the Sunshine Copyright	ne registered agent are:  ALGUAGA SECULO AND
7401 4th St W Florida street address (F	O. Box NOT acceptable)
St. Petersturg Chy	Zip

Having been named as registered agent and to accept service of process for the above stated limited 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

• • • •

	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
	"MGR" = Manager	HGR: Velena Ecolo 608à Raventucad Drive Sarasaka F1 34243	
		SECREL ALUAHA	23 FEB
	(Use attachment if necessary)	ASSFE. OF	23 PH
arti U/4	ICLE V: Other provisions, if any.		9: 1:3 
	REQUIRED SIGNATURE:		
	This document is executed in accordance any false information submitted in a document as provided for in s.817,155, F.S.	an authorized representative of a member with section 605,0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felor	.t iy
	Verence tork	ped or printed name of signee	
		Filing Face	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)