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# **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: MIACLOTHS		
(Name of	Resulting Florida Limit	ed Company)
The enclosed Articles of Conversion, Ar Business Entity" into a "Florida Limited	ticles of Organizati Liability Company	on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence concern	ning this matter to:	
Carlos Menieur		
(Contact Person)		
MIACLOTHS		
(Firm/Company)		
19536 NW 79th, CT		
(Address)		
Hialeah, Florida, 33015		
(City, State and Zip Cod	e)	
miacloths@gmail.com		_
E-mail Address: (to be used for future annua	I report notifications)	
For further information concerning this	matter, please call:	
Carlos Menieur	at ( <u></u>	)879-4197 (Daytime Telephone Number)
(Name of Contact Person)	(Area Code	(Daytime Telephone Number)
Enclosed is a check for the following an dollars and drawn on a bank located in the	nount: (All checks p he United States)	processed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  □ \$155.00 Filing Fee and Certificate of Status	es \$180.00 Filing and Certified Cop	Fees S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# **Articles of Conversion**

For

#### "Other Business Entity"

Into

# Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

Miacloths, Co  (Enter Name of Other Busine	ss Entity)
2. The "Other Business Entity" is a	7200000 78865
(Enter entity type. Example: corporation, limited pa	artnership, general partnership, common law or business trust. etc.)
First organized, formed or incorporated under the laws of	Florida  f Enter state, or if a non-U.S. entity, the name of the country)
on 09/30/2020 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company	as set forth in the attached Articles of Organization:
MIACLOTHS	
(Enter Name of Florida Limited Liabi	lity Company)
4. If not effective on the date of filing, enter the effective (The effective date: Cannot be prior to date of receip the date this document is filed by the Florida Depart Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	t or filed date nor more than 90 calendar days after ment of State.)
5. The plan of conversion has been approved in accorda	nce 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.



# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liab	sility Company	is:	
MIACLOTHS, LLC			<del></del>
(Must contain the	words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	address of the	principal office of the Limited	Liability Company is:
Principal Office Address:		Mailing Address:	
19536 NW 79TH CT, HIALEAH,	FL, 33015	19536 NW, 79TH CT.	
		HIALEAH, FL, 33015	<del></del>
		<del></del>	
Carlos Mer		me	
	Na	me	
19536 NW	Na <sup>7</sup> 79th CT		
19536 NW	Na <sup>7</sup> 79th CT	.O. Box <u>NOT</u> acceptable)	
19536 NW Florida s	Na <sup>7</sup> 79th CT		
19536 NW Florida s Hialeah  Having been named as regile liability company at the progressive relating to the pro-	Na 79th CT Street address (P City Stered agent and place designated to act in this caper and comple	.O. Box <u>NOT</u> acceptable) FL 33015	ept the appointment as with the provisions of a d I am familiar with and

(CONTINUED)

Signed this 10	day of August	20 <u><b>23</b></u>	
Signature of Author	rized Representative o	of Limited Liability Company:	
Signature of Authori Printed Name: Carlos	zed Representative: Menieur	Cryeniur Title: Manager	
$\bigcirc$	1. 1.	ntity: [See below for required sign	
Printed Name: Pamela	Abreu	Title: Officer / Director	
Signature: Carlos	Henrieur Menieur	Title: Officer / Director	
		Title:	
Signature:Printed Name:		Title:	
Signature:Printed Name:		Title:	
Signature: Printed Name:		Title:	
If Florida Corporati Signature of Chairma If Directors or Office	n, Vice Chairman, Direc	ctor, or Officer. d, an Incorporator must sign.	
If Florida General P Signature of one Gen	Partnership or Limited eral Partner.	Liability Partnership:	
If Florida Limited P Signatures of ALL G	artnership or Limited eneral Partners.	Liability Limited Partnership:	
All others: Signature of an autho	rized person.		
Fees:			

Articles of Conversion:

Certified Copy: Certificate of Status:

\$25.00 Fees for Florida Articles of Organization: \$125.00 \$30.00 (Optional) \$5.00 (Optional)



ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = ManagerCarlos Menieur Manager 19536 NW 79TH CT, Hialeah, FL,33015 Pamela Abreu Manager 19536 NW 79th CT, Hialeah, FL,33015 (Use attachment if necessary) ARTICLE 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 that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Carlos Menieur

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)