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(Req	uestor's Name)	
(Add	ress)	
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(City/	/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	_
That Haute Swimwear LLC	<u> </u>
Please Debit FCA000000003 For: 150	
Thank you Seth Neeley	
1461	1
- Hilly	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger Filo
	Art, of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
/ .	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC II Search
Name Date time	UCC II Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

TO:	New Filing S Division of C				
SHR	JECT: Haute S	•			
SOD	EC1		sulting Florida Lim	ted Con	npany)
The e	nclosed Article less Entity" into	s of Conversion, Artic a "Florida Limited L	les of Organizat iability Compan	ion, an y" in a	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
Eric F	. Gros-Dubois				
		(Contact Person)		_	
EPG	Attorneys at La	w, P.A.			
	,, <u>,,</u>	(Firm/Company)		-	
777 S	W 37th Ave., ST	E 510			
	.	(Address)	-	-	
Miam	i, FL 33135				
	(City, State and Zip Code)		_	
Eric@	epgdlaw.com			_	
Е-г	nail Address: (to b	e used for future annual re	port notifications)		
For fu	ırther informati	on concerning this ma	tter, please call:		
Aviv A	Asoulin		at (786	837-0	6787
	(Name of Conta	ct Person)) (Day	rtime Telephone Number)
		or the following amou a bank located in the		process	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing Son Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New I Divisi The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

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 <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: Haute Swimwear, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability company (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, or if a non-U.S. entity, the name of the country)
02/14/2018 on
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Haute Swimwear, 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 13th day of September	2023	
Signature of Authorized Representative of Limit	ted Liability Company:	
	An Italy	
Printed Name: April Leigh Nottingham	Title: Manager	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	
Signature: Opt Marian Printed Name: April Leigh Nottingham	Title: Manager	
Signature:Printed Name:	Title	
Signature:Printed Name:	Title.	
Timed Name.	True.	
Signature:Printed Name:	m: I	
Printed Name:	Title:	
Signature:Printed Name:		
Printed Name:	Title:	
Signature:Printed Name:		
Printed Name:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y 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)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ne Limited Liability Compa		
Haute Swimwe			
	(Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II The mailing ac		the principal office of the Limited Lia	bility Company is:
Principal Offi	ice Address:	Mailing Address:	
3067 New York	Street	3067 New York Street	
Miami, FL 3313	3	Miami, FL 33133	
business entity wi	th an active Florida registration.) the Florida street address o April Leigh Nottingham	n Registered Agent. You must designate an individ f the registered agent are: Name	ual or another
	3067 New York Street		
Florida street address (P.O. Box NOT acceptable)		s (P.O. Box NOT acceptable)	
	Miami	FL 33133	
	City	Zip	-
Having been		and to accept service of process for the ated in this certificate, I hereby accept to	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
	"MGR" = Manager MGR	April Leigh Nottingham 3067 New York Street Miami, FL 33133	
			;
(Use attachment if necessary)			
ARTI	ICLE V: Other provisions, if any.		
	REQUIRED SIGNATURE:	-4)L	

ARTICLE IV-

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)

Typed or printed name of signee

Eric P. Gros-Dubois, Esq., Authorized Representative